Intermountain® Healthcare

Antimicrobial Stewardship and Laboratory Services

Find antimicrobial stewardship resources.

- **The Antimicrobial Stewardship Website** — A single source for the latest guidelines, care process models, and other resources. Go to **intermountain.net**, and find "**Antimicrobial Stewardship**" in the A-to-Z Index or by typing "**abx/**" into the browser. From the left navigation, select:
  - "Tracking and Reporting" for online antibiograms
  - "Guidelines and Education" for related care process models
- **GermWatch** — The best resource for finding out "what's going around." Click on "**GermWatch**" in the A-to-Z Index on **intermountain.net**. Scroll down to select "Antibiogram Pocket Cards" under Resources.
- **Formulary** — Go to **intermountain.net**, hover over "Clinical," and click on "Pharmacy" listed under Clinical Support Services. Select "Formulary Resources" within the left navigation.
- **Antibiogram Tool** — Access this online, interactive reporting tool by typing "**antibiogram/**" in the address bar of either your Google or Internet Explorer browser.

Consult with infectious disease experts.

Infectious diseases experts can answer your patient-related questions. Consider a full infectious diseases consult for:

- Home IV antibiotic therapy
- *S. aureus* and Candida bloodstream infections
  Note: never bloodstream contaminants
- Endocarditis
- Central nervous system infections
- Resistant organisms
- Herpes simplex virus in children < 60 days old
- Pediatric bone and joint infections
- Non-formulary and these restricted antimicrobials (see formulary):
  - Ceftazidime/avibactam
  - Ceftolozane/tazobactam
  - Isavuconazole
  - Posaconazole
  - Voriconazole

Contact information:

Stewardship Pharmacists
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Antibiograms are internal tools for inpatient use only and represent all sample types. Please do not share with commercial vendors.

For organisms with less than 30 isolates, interpret cautiously as they may not be accurate.

Patient and Provider Publications ABS018a - 08/18 (Last update: March 19, 2019)

2018 Antibiogram

Alta View and Riverton Hospitals

Antibiograms help clinicians select empiric antibiotics until organism susceptibility has been determined. Percentages are based on isolates processed in the microbiology lab over the previous one-year period. **Determine definitive antibiotic therapy based on the susceptibility profile of the identified organism(s) and the infection site.**

Gram-Negative Bacilli % Susceptible

# Tests	Species / Organism	Amikacin	Ampicillin / Sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Cefuroxime	Ciprofloxacin	Gentamicin	Levofloxacin	Meropenem	Nitrofurantoin (CYSTITIS ONLY)	Piperacillin / Tazobactam	Tetracycline	Tobramycin	Trimethoprim / Sulfamethoxazole
37	Citrobacter species	100	0	95	0	100	95	95	0	97	100	97	100	78	95	86	100	95
36	Enterobacter cloacae	97	0	81	0	100	81	83	0	89	97	89	100	41	89	50	97	78
1100	Escherichia coli	99	59	95	89	96	95	95	92	85	93	86	100	98	98	78	93	80
41	Klebsiella oxytoca	100	66	95	49	95	98	98	88	98	95	100	100	84	93	100	95	98
193	Klebsiella pneumoniae	99	90	96	93	96	96	96	93	97	97	98	100	43	97	92	97	89
42	Proteus mirabilis	100	90	95	93	100	100	100	100	71	98	74	100	0	100	0	98	76
64	Pseudomonas aeruginosa	97	0	84	0	94	97	0	0	85	89	84	97	0	100	0	95	0

Gram-Positive Cocci % Susceptible

# Tests	Species / Organism	Ampicillin	Ceftriaxone	Clindamycin (NOT FOR UTI)	Daptomycin	Levofloxacin (CYSTITIS ONLY)	Linezolid	Nafcillin	Nitrofurantoin (CYSTITIS ONLY)	Penicillin	Tetracycline	Trimethoprim / Sulfamethoxazole	Vancomycin
130	Enterococcus faecalis	98	0	0	98	83	98	0	100	98	28	0	98
16	Enterococcus faecium	81	0	0	75	57	93	0	29	63	29	0	81
209	Staphylococcus aureus							67					
68	Staphylococcus aureus MRSA	0	0	76	100		100	0	100	0	97	97	100
138	Staphylococcus aureus MSSA	0	100	87	100		100	100	100	0	96	100	100
55	Staphylococcus epidermidis	0	45	36	100		100	45	100	0	81	63	100
21	Staphylococcus sp coag neg	0	57	88	100		100	57	100	0	76	80	100

BASIC COVERAGE TIPS

- Aminoglycoside monotherapy is not recommended to treat any infection except for plague and tularemia.
- Certain organisms, including Serratia spp., Citrobacter spp., Enterobacter spp., and *Klebsiella aerogenes* can become resistant to 3rd-generation cephalosporins (ceftriaxone, cefotaxime, ceftazidime) during treatment for severe infections despite initial in vitro susceptibilities. Consult infectious diseases or antibiotic stewardship if use is desired.
- Enterococcus spp. are intrinsically resistant to cephalosporins.
- Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) should not be used to treat any enterococcal infection except uncomplicated cystitis in patients with severe penicillin allergy.
- Beta-lactamase positive Haemophilus spp. are resistant to penicillin, ampicillin, and amoxicillin.
- β-hemolytic streptococci (Groups A, B, C, G) are universally susceptible to β-lactams (penicillins, cephalosporins) and vancomycin, so routine susceptibility testing is not indicated. Resistance to clindamycin and azithromycin can be present.
- Methicillin-susceptible *Staphylococcus aureus* (MSSA) are resistant to penicillin and ampicillin / amoxicillin. First-line agents are nafcillin / dicloxacillin and cefazolin / cephalexin. Second-line agents include: amoxicillin / clavulanate, ampicillin / sulbactam, cefuroxime, ceftriaxone, cefepime, piperacillin / tazobactam, and carbapenems. *S. aureus* bacteremia in adults must be treated with intravenous antibiotics and infectious diseases should be consulted. Outcomes with β-lactam treatment for MSSA are better than vancomycin. ***S. aureus* in the blood is never a contaminant.**