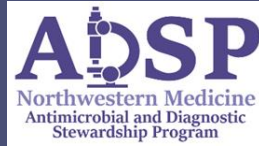


Northwestern Medicine Marionjoy Rehabilitation Hospital

2021-2022 Antibiograms

- I. [Facility-Wide](#)
- II. [Urine](#)

MRH 2021-2022 Facility-Wide Antibiogram



<https://adsp.nm.org>

Isolates	Ampicillin ^a	Ampicillin/Sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Ciprofloxacin	Clindamycin	Daptomycin	Gentamicin	Levofloxacin	Linezolid	Meropenem	Oxacillin	Piperacillin/Tazobactam	Sulfamethoxazole/Trimethoprim	Tetracycline	Vancomycin
GRAM POSITIVES																			
Enterococcus species ^{b,c}	57	94						77		100			100						96
Staphylococcus aureus - all	21 ^d								61	100	80		100		42		95	85	100
Methicillin-resistant Staphylococcus aureus	8 ^d										62		100				100	75	100
GRAM NEGATIVES																			
Citrobacter species	21 ^d		42	71		100	71	71					100		100		100	90	
Enterobacter cloacae complex ^e	36			69		97	68	65					100		100		69	80	
Escherichia coli ^f	230	64	69	96	90 ^e	99	96	96					76		100		97	82	
Klebsiella pneumoniae ^f	79		86	97	97 ^e	97	97	96					97		100		97	91	
Proteus mirabilis	41	90	90	100	84 ^e	97	100	100					85		100		97	90	
Pseudomonas aeruginosa	51			92		94	94								100		98		
ESBL Enterobacterales ^{f,g,h}	37												51		100			62	

% Susceptibility
 ≥ 80%
 70-79%
 ≤ 69%

[See protocol for multi-drug resistant gram-negative agents for guidance](#)

^a Results of ampicillin susceptibility tests should be used to predict the activity of amoxicillin

^b Ampicillin may be used to predict susceptibility to amoxicillin-clavulanate, ampicillin-sulbactam, and piperacillin-tazobactam among non-β-lactamase-producing enterococci

^c Enterococcus is intrinsically resistant to all cephalosporins

^d Results reporting less than 30 isolates may not be a reliable reflection of true susceptibility patterns

^e High likelihood of ampC hyperproduction and eventual resistance to most beta-lactams; cefepime is empiric drug of choice for systemic infection (non-cystitis)

^f In 2022, 10 (8.4%) of *E. coli* isolates and 5 (9.6%) of *Klebsiella* isolates were extended-spectrum beta-lactamase (ESBL) producers

^g Treatment with a carbapenem is recommended for systemic infection (non-cystitis)

^h Enterobacterales that may harbor ESBLs include *E. coli*, *Klebsiella* sp., *Enterobacter* sp., *Proteus* sp., *Citrobacter* sp., *Salmonella* sp., and others

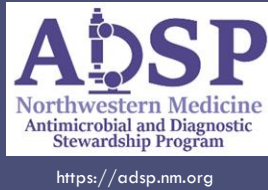
Notes:

Abbreviations: ESBL, extended-spectrum beta-lactamase

Only organisms with 30 isolates or more were included, unless exception noted above

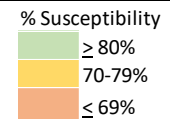
Based on Antibiogram Guidance per CLSI M100-Ed33

MRH 2021-2022 Urine Antibiogram



Isolates	Ampicillin ^a	Ampicillin/Sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Ciprofloxacin ^f	Daptomycin	Gentamicin ^g	Linezolid	Meropenem	Nitrofurantoin	Piperacillin/Tazobactam	Sulfamethoxazole/Trimethoprim	Tetracycline	Tobramycin ^g	Vancomycin
GRAM POSITIVES																		
Enterococcus species ^{b,c}	42	95						78	100		100		97					97
GRAM NEGATIVES																		
Citrobacter species	21 ^d		42	71		100	71	71	100		100		100	85	100	90		100
Enterobacter cloacae complex ^e	31			64		96	63	60	100		100		100	22	64	77		100
Escherichia coli	212	65	69	96	93	100	96	96	76		92		100	98	97	81		92
Klebsiella species	100		75	94	80	97	94	90	97		94		100	47	95	90		96
Klebsiella pneumoniae	73		87	97	94	97	97	95	97		93		100	39	97	91		95
Proteus mirabilis	36	88	88	100	91	97	100	100	86		88		100		97	88		88
Pseudomonas aeruginosa	45			93		97	97		97		82		100		100			100
ESBL Enterobacterales ^{h,i}	34								50		68		100	81		64		

[See protocol for multi-drug resistant gram-negative agents for guidance](#)



^a Results of ampicillin susceptibility tests should be used to predict the activity of amoxicillin

^b Ampicillin may be used to predict susceptibility to amoxicillin-clavulanate, ampicillin-sulbactam, and piperacillin-tazobactam among non-β-lactamase-producing enterococci

^c Enterococcus is intrinsically resistant to all cephalosporins

^d Results reporting less than 30 isolates may not be a reliable reflection of true susceptibility patterns

^e High likelihood of ampC hyperproduction and eventual resistance to most beta-lactams; a non-beta-lactam or cefepime are empiric drugs of choice for systemic infection (non-cystitis)

^f Susceptibility based on lab breakpoint of 1 mcg/mL

^g Susceptibility based on lab breakpoint of 4 mcg/mL

^h Treatment with a carbapenem is recommended for systemic infection (non-cystitis)

ⁱ Enterobacterales that may harbor ESBLs include E.coli, Klebsiella sp., Enterobacter sp., Proteus sp., Citrobacter sp., Salmonella sp., and others

Notes:

Abbreviations: ESBL, extended-spectrum beta-lactamase

Only organisms with 30 isolates or more were included, unless exception noted above

Based on Antibiogram Guidance per CLSI M100-Ed33