

Table I. Gram-Negative Bacilli [1] Norton Children's Medical Center 2022	Number Tested	Penicillins		Cephalosporins			Monobactam	Carbapenems		Aminoglycosides			Others									
		Ampicillin	Amoxicillin/Clavulanate	Ampicillin/Sulbactam	Piperacillin/Tazobactam (%S) [2]	Piperacillin/Tazobactam (%SDD) [2]	Oral cephalosporins for uncomplicated UTI	Cefazolin	Cefepime (%S) [3]	Cefepime (%SDD) [3]	Ceftazidime	Ceftriaxone	Aztreonam	Ertapenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Nitrofurantoin [4]	Trimeth/Sulfa
Escherichia coli	158	52	89	58	99	1	92	73	96	0	96	94	94	100	100	100	97	96	85	88	98	78

For antimicrobials listed, number shown is the percentage of unique isolates susceptible by current CLSI breakpoints, unless otherwise noted.

Please exercise discretion when data are reviewed for species with fewer than 30 isolates due to reduced statistical validity.

*Data is not shown for species or species/antimicrobial combinations that have fewer than 10 isolates.

A value of R indicates that this organism is intrinsically resistant to the antimicrobial agent.

[1] All organisms in this table are intrinsically resistant to oxacillin, penicillin, clindamycin, erythromycin, vancomycin, linezolid, and daptomycin.

[2] Interpretation of Susceptible (S) is based on dosage regimen of 3.375-4.5g administered every 6 h as a 30 minute infusion. Interpretation of Susceptible Dose-Dependent (SDD) is based on a dosage regimen of 4.5g administered every 6 h as a 3 hour infusion or 4.5g administered every 8 hour as a 4 hour infusion.

[3] Interpretation of Susceptible (S) is based on dosage regimen of 1g administered every 12 hours. Interpretation of Susceptible Dose-Dependent (SDD) is based on 1-2 g administered every 8-12 hours.

[4] Nitrofurantoin susceptibility is based on urine isolates only.

**Table II.
Gram-Positive Cocci [1]**

**Norton Children's
Medical Center 2022**

	Number Tested	Penicillins				Cephalosporins		Gram + Coverage					Others				
		Amoxicillin/Clavulanate	Ampicillin	Oxacillin	Penicillin	Cefazolin	Ceftriaxone	Gentamicin Synergy	Clindamycin [2,3]	Erythromycin [3]	Vancomycin	Linezolid	Daptomycin	Levofloxacin	Nitrofurantoin [3]	Tetracycline	Trimeth/Sulfa
Staphylococcus aureus	44	52		52		52			84	35	100	100	100			95	100
Methicillin-resistant S. aureus	21	0		0		0			80	20	100	100	100			95	100
Methicillin-susceptible S. aureus	23	100		100		100			88	53	100	100	100			95	100
Staphylococcus epidermidis	11	55		55		55			*	*	100	100	100		100	82	91
Other coagulase-negative staphylococci	14	79		79		79			*	*	100	100	100		100	86	100
Enterococcus faecalis	17		94		94	R	R	88	R	*	100	100	100		100	24	R

For antimicrobials listed, number shown is the percentage of unique isolates susceptible by current CLSI breakpoints, unless otherwise noted.

Please exercise discretion when data are reviewed for species with fewer than 30 isolates due to reduced statistical validity.

*Data is not shown for species or species/antimicrobial combinations that have fewer than 10 isolates.

A value of R indicates that this organism is intrinsically resistant to the antimicrobial agent.

[1] All organisms in this table are intrinsically resistant to aztreonam. All Enterococcus species are intrinsically resistant to cephalosporins, clindamycin, trimethoprim/sulfamethoxazole, and aminoglycosides (except for synergy).

[2] MRSA: 10% inducible resistance, 10% constitutive resistance; MSSA: 12% inducible resistance, 0% constitutive resistance

[3] Clindamycin and erythromycin data are based on non-urine isolates only. Nitrofurantoin susceptibility is based on urine isolates only.