

Table I. Gram-Negative Bacilli [1] Norton Children's Medical Center 2023	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					Aztreonam	Ertapenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Nitrofurantoin [4]
Escherichia coli	149	45	89	55	99	0	87	73	94	1	93	91	92	100	100	100	100	91	91	83	86	99	70	
Klebsiella pneumoniae	11	R	91	91	*	*	91	91	91	9	100	100	*	100	100	*	100	100	82	100	30	91		
Proteus mirabilis	11	91	100	100	*	*	100	73	100	0	100	100	*	100	100	*	100	100	82	82	R	91		
Pseudomonas aeruginosa	11	R	R	R	*	*	R	100	100	R	*	R	91	*	100	*	100	100	91	91	R	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 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 hours as a 30 minute infusion. Interpretation of Susceptible Dose-Dependent (SDD) is based on a dosage regimen of 4.5g administered every 6 hours as a 3 hour infusion or 4.5g administered every 8 hours 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 2g administered every 8 hours.

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

Table II. Gram-Positive Cocci [1] Norton Children's Medical Center 2023	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	46	63		63		63			85	57	100	100	100			96	100
Methicillin-resistant S. aureus	17	0		0		0			94	41	100	100	100			100	100
Methicillin-susceptible S. aureus	29	100		100		100			79	66	100	100	100			93	100
Staphylococcus epidermidis	13	46		46		46			*	*	100	100	100		100	100	62
Enterococcus faecalis	18		100		100	R	R	89	R	*	100	100	100		100	28	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: 6% inducible resistance, 0% constitutive resistance; MSSA: 17% inducible resistance, 3% constitutive resistance

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