

Intensive Care Unit

	Isolates	Penicillins					Cephalosporins					Other Beta-Lactams				Aminoglycosides				Quinolones			Tetracyclines			Other Antimicrobials											
		penicillin	oxacillin	ampicillin	ampicillin/sulbactam	piperacillin/tazobactam	cefazolin	cefuroxime	ceftriaxone	cefazidime	cefepime	ertapenem	imipenem	meropenem	aztreonam	gentamicin	tobramycin	amikacin	streptomycin	ciprofloxacin	levofloxacin	moxifloxacin	tetracycline	doxycycline	minocycline	linezolid	rifampin	trimethoprim/sulfamethoxazole	erythromycin	clindamycin	vancomycin	metronidazole	nitrofurantoin				
<b>Gram Negative</b>																																					
Acinetobacter baumannii	44			0%	46%	41%	0%	0%	15%	32%	16%		70%	15%	20%	55%	61%		11%	10%		50%											50%				0%
Citrobacter freundii	3			0%	33%	67%	0%	33%			100%			100%	33%	33%	100%		33%			67%														100%	
Citrobacter koseri	9			0%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%		100%	100%		100%														100%	
Enterobacter aerogenes □	12			0%	10%	67%	8%	42%	33%	40%	80%		86%	50%	75%	75%	83%		75%	75%		100%														20%	
Enterobacter cloacae	20			0%	17%	70%	0%	20%	73%	83%	95%		100%	77%	95%	90%	100%		95%	86%		88%														33%	
Escherichia coli	133			45%	42%	90%	72%	77%	69%	70%	76%		98%	85%	82%	84%	97%		66%	73%		71%														95%	
Klebsiella oxytoca	1			0%	100%	100%	0%	100%			100%			100%	100%	100%	100%		100%			100%														100%	
Klebsiella pneumoniae	90			0%	54%	71%	62%	57%	61%	71%	58%		96%	62%	73%	63%	71%		62%	68%		86%														27%	
Morganella morganii	3			0%	33%	100%	33%	33%	100%	100%	100%		100%	100%	67%	100%	100%		33%	0%		100%														0%	
Proteus mirabilis	46	100%		72%	89%	98%	72%	83%	84%	82%	81%		100%	73%	83%	87%	97%		67%	67%		0%														0%	
Proteus vulgaris	1			0%		100%	0%	0%			100%			100%	100%	100%	100%		100%	100%		0%														0%	
Providencia rettgeri	2			0%	0%	100%	0%	50%			50%			50%	50%	50%	50%		50%			0%														0%	
Providencia stuartii	6			0%	17%	100%	17%	100%	100%	50%	100%		100%	100%	50%	67%	100%		17%	0%		0%														0%	
Pseudomonas aeruginosa	99	100%		0%	0%	93%	0%	0%	9%	88%	78%		76%	72%	74%	94%	96%		64%	63%		0%														0%	
Serratia marcescens	14			0%	0%	71%	0%	0%	91%	88%	100%		100%	90%	100%	71%	100%		100%	100%		0%														0%	
Stenotrophomonas maltophilia	4			0%							50%										50%	100%														100%	
<b>Gram Positive</b>																																					
		Isolates	penicillin	oxacillin	ampicillin	ampicillin/sulbactam	piperacillin/tazobactam	cefazolin	cefuroxime	ceftriaxone	cefazidime	cefepime	ertapenem	imipenem	meropenem	aztreonam	gentamicin	tobramycin	amikacin	streptomycin	ciprofloxacin	levofloxacin	moxifloxacin	tetracycline	doxycycline	minocycline	linezolid	rifampin	trimethoprim/sulfamethoxazole	erythromycin	clindamycin	vancomycin	metronidazole	nitrofurantoin			
Enterococcus faecalis	33	100%		100%														100%									100%										
Enterococcus faecium	19	0%		0%														100%									100%										
Enterococcus species (undifferentiated)	86	67%		70%												100%	100%										100%										
Staphylococcus aureus	178	6%	41%	6%	45%	97%	41%		46%				0%			98%				45%	56%	97%					97%	98%	30%	49%	100%				100%		
Staphylococcus coagulase-neg.	35	9%	23%	9%	17%	100%	23%		18%				0%			57%	100%			0%	42%	60%	77%			100%	91%	46%	23%	57%	100%						
Streptococcus pneumoniae	27	89%							100%													96%															
Streptococcus species viridans group	3	100%							100%													100%															

Notes:

NR: Not reported and should NOT be used empirically.  
 Reported results are based on available raw data. Clinical judgement should be used when interpreting susceptibility information on low number of isolates (<30 from CLSI Guidelines-M39).  
 Rifampin used NOT be used alone due to development of resistance.  
 Nitrofurantoin should be used for urinary tract infections only.  
 Erythromycin predicts susceptibility for azithromycin and clarithromycin  
 Gentamicin susceptibility for G (+) organisms suggests synergy dosing only  
 Penicillin and ampicillin susceptibility for enterococcus suggests the need for high dose therapy for non-urinary tract infections.