Intermountain Health

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 MyIntermountain, and find "Antimicrobial Stewardship" under Clinical Resources > Clinical References or by typing "abx/" in the address bar. The website is also available directly from Epic via weblinks > IMH Guidelines Resources > Antimicrobial Stewardship

From the left navigation, select:

- "Tracking and Reporting" for online antibiograms
- "Inpatient Guidelines" for clinical recommendations
  - **Formulary** — Refer to Lexicomp and Epic preference lists.

Consult with infectious diseases experts:

Infectious diseases experts can answer your patient-related questions. Formal Infectious Disease consults are required for:

- *S. aureus* and Candida bloodstream infections

Infectious Disease consults are strongly recommended for:

- Endocarditis
- Central nervous system infections
- Resistant organisms
- Prosthetic joint and graft infections
- Osteomyelitis
- Rarely encountered infection
- ID-restricted antimicrobials (see formulary):
  - Ceftazidime/avibactam
  - Ceftolozane/tazobactam
  - Ceftazidime
  - Ciprofloxacin
  - Colistimethate IV
  - Fidaxomicin
  - Imipenem
  - Isavuconazole
  - Moxifloxacin
  - Oritavancin
  - Posaconazole
  - Tedizolid

Contact information

Infectious Disease Pharmacy Group

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Micro Lab Technical Questions

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Micro Lab

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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.

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2025 Antibiogram

Saint Joseph Hospital

Antibiograms help clinicians select empiric antibiotics until organism susceptibility has been determined. Percentages are based on emergency room and inpatient 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	Amoxicillin / Clavulanate	Ampicillin / Sulbactam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Ciprofloxacin	Ertapenem	Gentamicin	Levofloxacin	Meropenem	Nitrofurantoin*	Piperacillin / Tazobactam	Tetracycline	Tobramycin	TMP / SMX
634	Escherichia coli	86	61	81	87	86	86	67	100	90	78	100	97	98	70	88	75
150	Klebsiella pneumoniae	92	78	84	86	86	86	84	99	95	86	99	41	96	82	93	84
115	Pseudomonas aeruginosa				91	87		80			78	94		86			
71	Proteus mirabilis	98	94	45	100	100	100	83	100	91	83			100		90	87
56	Enterobacter cloacae complex				89	66	62	94	87	98	98	100	26	75	94	98	91
31	Klebsiella oxytoca	93	29	35	96	96	96	90	100	100	100	100	85	96	93	96	90
The organisms below have <30 isolates, interpret cautiously as they may be inaccurate.																	
23	Citrobacter freundii complex				100	73	78	78	100	91	91	100	100	78	91	95	82
22	Stenotrophomonas maltophilia										95						100
15	Klebsiella aerogenes				100	100	100	86	100	100	86	100	33	100	80	100	93

Gram-Positive Cocci % Susceptible

# Tests	Species / Organism	Ampicillin	Ceftriaxone †	Clindamycin	Daptomycin	Doxycyline	Levofloxacin	Linezolid	Nafcillin	Nitrofurantoin*	Penicillin †	TMP / SMX	Vancomycin
164	MSSA			76	100	98		100	100	100		99	100
147	Enterococcus faecalis	100			72			100		100	100		100
119	MRSA			72	100	80		99	0	100		90	100
100	Staphylococcus epidermidis			60	100	93		98	48	97		70	100
64	Streptococcus viridans		100	87			95	100			100		100
43	Streptococcus pneumoniae		100	83			97	100			90	76	100
33	Coag Neg Staphylococcus			73	100	84		100	72	100		78	100
33	Enterococcus faecium	48			71			93					72
The organisms below have <30 isolates, interpret cautiously as they may be inaccurate.													
25	Staph. lugdunensis			90	100	100		100	88	100		87	100

*Urine only † Not for meningitis TMP / SMX = trimethoprim/sulfamethoxazole

BASIC COVERAGE TIPS

- Aminoglycoside monotherapy is not recommended for most infections. Gentamicin is no longer recommended for *P. aeruginosa.*
- Certain organisms, including *Enterobacter cloacae, Klebsiella aerogenes,* and *Citrobacter freundii* can become resistant to 3rd-generation cephalosporins (ceftriaxone, cefotaxime, ceftazidime) during treatment for severe infections despite initial *in vitro* susceptibilities. Cefepime may be an option and higher doses may be required.
- *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.
- Ertapenem is not active against *Pseudomonas, Acinetobacter,* or *Enterococcus* spp.
- Beta-lactamase positive *Haemophilus* spp. and *Moraxella* spp. are resistant to penicillin, ampicillin, and amoxicillin.
- Beta-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, ampicillin, and amoxicillin. First-line agents are nafcillin / dicloxacillin and cefazolin / cephalexin. Second-line agents include: amoxicillin / clavulanate, ampicillin / sulbactam, cefuroxime, and ceftriaxone.
- *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.**

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