GRAM POSITIVE BACTERIA	McLaren Flint ANTIBIOGRAM Isolates 2022 - Jun 30, 2023 Numbers respresent % sust * =< 30 isolates test		McLaren Flint 23 Antibiogram G THERAPY POCKET GUIDE
	Inpatient Jul 1, sceptibility sted		
	# of isolates Amikacin Amoxicillin / Clavulanate Ampicillin		Antimicrobial Susceptibilities
	Ampicillin / Sulbactam Azithromycin Aztreonam Cefazolin		DATA FROM
	Cefepime Cefotaxime Cefoxitin Ceftazidime		July 1, 2022 THROUGH
	Ceftriaxone Ciprofloxacin Clindamycin	→ EMERGENCY Main Entrance	June 30, 2023
	Daptomycin Ertapenem Erythromycin	 → Ambulances → Receiving 	For questions, please contact the McLaren Flint Pharmacy
	Gentamicin Gentamicin Synergy Levofloxacin		at (810) 342-2299



401 S. Ballenger Highway, Flint, Michigan 48532 mclaren.org/flint

113 109 144 131 76

65

12

9

100 9 94 35 36

73 28 100 100

62 27

96 100 100

σ

5 98 92

23 94 97 83

94* 100 100

54

59

42 36

9

12

36

100

ω 66

Linezolid

Oxacillin

Rifampin

Tetracycline

Tigecycline

Tobramycin

Penicillin G

Piperacillin / Tazobactam

Sulfamethoxazole / Trimethoprim

Meropenem

Nitrofurantoin

GATIVE BACTERIA

100 99 100 100 100 98

72 82 84 94 89 89 89 80 81 81

89 84 94 90 90 92 92 94

95 90 95

72 83

75 71 72 71 71 100 93 91 92 92

100 100

86 86 94 94 95 90 90

96 71 100 95 95 81 81 93

100 100 100 100 100 100 100

100 42

79 95 100 94 100 100 67

96 94 94 100 85

62 72 94 93 73 0

96 96 96 94 94 95 95 90 90 97 94

100 99 100 97

50 81 92 89 90

90 0 85 5g

25 61 69 79 95

data Jan - Dec 2022

Preserved ANTIMICROBIALS REQUIRING Appropriate Rationale and Indication for Override and ID Approval

- Anidulafungin
- Amikacin
- Amphotericin B Liposomal
- Aztreonam
- Ceftazidime/ Avibactam
- Colistimethate

Prescribing Considerations:

- Aztreonam reserved for patients with severe B-lactam allergy (alt: Cefepime)
- Nitrofurantoin for uncomplicated UTI only

Inappropriate Use of Vancomycin:

- Routine surgical prophylaxis
- Treatment of a single positive blood culture for coagulase negative staphylococci
- Eradication of MRSA colonization

Fluoroquinolone use should be avoided in the following:

- Patients with increased risk of aortic aneurysm, rupture, or dissection
- Patients with history of tendonitis or tendon ruptures
- Elderly patients due to increased side effects and hepatotoxicity
- Certain uncomplicated infections (i.e., UTI due to increased E. Coli Resistance)

	Beta-lactam Antibiotic Cross-Allergy Chart															
(X) = AVOID		Pen			1 st Gen 2		2 nd	nd Gen 3 rd G		Gen		4 <u>th</u>	Mono	Carb		
(Δ) (cross—re ()	(cross-reactivity likely) (Δ) = CAUTION (cross—reaction less likely;) () = PROCEED (Unlikely to cross-react)		Ampicillin	Penicillin	Piperacillin	Cefazolin	Cephalexin	Cefoxitin	Cefuroxime	Cefdinir	Cefotaxime	Ceftazidime	Ceftriaxone	Cefepime	Aztreonam	Meropenem
	Amoxicillin		Х	Х	Х	V	Х	٧	٧	V	V	V	٧	٧	V	V
Pen	Ampicillin	Х		X	X	V	X	V	V	V	V	V	V	V	٧	V
	Penicillin	Х	Х		Х	V	Δ	V	V	V	V	V	V	V	V	V
	Piperacillin	Х	Δ	Δ		V	Δ	V	V	V	V	V	V	V	٧	V
1 st Gen	Cefazolin	V	V	V	٧		V	V	V	V	V	V	V	V	٧	V
I_Gen	Cephalexin	Х	Х	Δ	Δ	V		V	V	V	۷	V	V	V	V	V
2 nd Gen	Cefoxitin	V	V	V	V	٧	V		Х	V	۷	V	V	V	V	V
2_ Gen	Cefuroxime	V	V	V	٧	V	V	Х		V	Δ	Δ	Δ	Δ	V	V
	Cefdinir	V	٧	V	٧	V	V	V	V		Δ	Δ	Δ	Δ	Δ	V
3 rd Gen	Cefotaxime	V	۷	V	V	V	V	V	Δ	Δ		Δ	Х	Х	Δ	V
	Ceftazidime	V	V	٧	٧	٧	٧	٧	٧	Δ	Δ		Δ	Δ	X	V
	Ceftriaxone	V	V	٧	٧	٧	٧	٧	Δ	Δ	Х	Δ		Х	Δ	V
4 th Gen	Cefepime	V	V	٧	V	V	٧	٧	Δ	Δ	X	Δ	Х		Δ	V
Mono	Aztreonam	V	V	٧	٧	V	٧	٧	٧	Δ	Δ	X	Δ	Δ		V
Carb	Meropenem	V	٧	V	٧	V	V	V	٧	V	V	٧	٧	V	٧	

Daptomycin

- Ertapenem
- Fidaxomicin
- Linezolid
- Meropenem
- Polymyxin B

Antiobitic Dosing Based on Normal Renal Function

(Pharmacist will renally adjust as appropriate, according to renal dosing policy)

Antimicrobials	Usual Dose per indication								
Acyclovir IV	HSV Suppression =	HSV Treatment = 5 mg/kg q8h			Herpes Zoster or Encephalitis =				
	2.5 mg/kg q8h				10 mg/kgq8h				
Acyclovir PO			atment = 4	100 mg three times	Herpes Zoster or Encephalitis =				
	400 mgq12h	daily			800 mgfive times daily				
Amoxicillin PO	Pneumonia = 1 gm q8h		Systemi	ystemic Infection = 500 mg q8h					
Amoxicillin/clavulanate PO	875 mg q12h								
Ampicillin IV	Systemic Infection = 2 gm q				5 Infection = 2 gm q4h				
Ampicillin/sulbactam IV	Systemic Infection = 3 gm q	6h	Acinetobacter Infection = Contact ID physician/ pharmacy for dosing assistance. Sulbactam is the active component. Higher than typical doses may						
			be indicated for this pathogen.						
Aztreonam IV	Systemic Infection = 2 gm q	8h	ction = 2 gm q6h						
Cefazolin IV	Systemic Infection = 2 gm q8h Cystitis (lower urinary tract infection) = 1 gm q8h								
Cefdinir PO	300 mg q12h								
Cefepime IV	Systemic Infection = 2 gm q8h Cystitis (lower urinary tract infection) = 1 gm q8h								
Cefoxitin IV	2 gm q6h								
Ceftazidime IV	2 gm q8h								
Ceftriaxone IV	Systemic Infection = 2 gm d	laily	Cystitis (lower urinary tract infection) = 1 gm daily						
Cephalexin PO	Systemic Infection = 500 mg	g q6h	Cystitis (lower urinary tract infection) = 500 mg q12h						
Ciprofloxacin IV	Systemic Infection = 400 mg	g q8h	Cystitis (lower urinary tract infection) = 400 mg q12h						
Ciprofloxacin PO	Systemic Infection = 750 mg	gq12h	lower urinary tract in	ry tract infection) = 500 mg q12h					
Daptomycin IV	Skin & Soft Tissue/ Urinary Tract Infection = 4 mg/kg q24h	g24h		ndocarditis = 6 mg/kg	VRE Bacteremia/Endocarditis = 10 mg/kg q24h				
Fluconazole IV/PO	Oropharyngeal Thrush/ Urinary Tract Infection = 200 mg q2	mg x	1,	i da Infection = 800 0 mg q24h	Candida glabrata Infection = 800 mg a24h				
Levofloxacin IV/PO	Systemic Infection = 750 mg				fection) = 500 mg q24h				
Meropenem IV	Systemic Infection = 500 mg	g q6h	CNS, CF, Documented Pseudomonas or Acinetobacter non-urinary infection = 2 g q8h						
Penicillin G IV	Standard/ Maximum Dose/		Reduced	Reduced Dose (Highly Penicillin-Sensitive Organisms; MIC ≤ 0.12					
	Endocarditis/Necrotizing Fa	sciitis/	mcg/mL)/ Endocarditis = 2 million units q4h						
	Toxic Shock			•					
	Syndrome = 4 million units	a4h							
Piperacillin/tazobactam IV*	4.5 gm q8h (*Extended Interval Dosing utilized, excluding ER, OR)								
Sulfamethoxazole-	Systemic Infection (Non-Ur	inary) = 5	5 mg/kg	g PCP Pneumonia/ Nocardia/ Meningitis = 5 mg/kg q8h					
trimethoprim IV	q12h								
(weight-based dosing									
is based on the									
trimethoprim component)									
Sulfamethoxazole- trimethoprim PO	Systemic Infection = 1-2 DS	tablets q	12h	Cystitis (lower urina	ry tract infection) = 1 DS tablet q12				

