

Table I. Gram-Negative Bacilli [1]  Norton Children's Medical Center 2025	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	Minocycline	Nitrofurantoin [4]	Trimeth/Sulfa	
<b>Escherichia coli</b>	125	53	90	65	100	0	96	77	99	0	99	98		100				100	90	94	84	90	93	98	78	
<b>Proteus mirabilis</b>	12	83	92	100	*	*	92	75	100	0	100	100		*				*	100	100	100	100	100	R	R	92

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 2025**

	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
<b>Staphylococcus aureus</b>	55	56		56		56			81	47	100	100	100			93	100
<b>Methicillin-resistant S. aureus</b>	24	0		0		0			87	35	100	100	100			92	100
<b>Methicillin-susceptible S. aureus</b>	31	100		100		100			77	57	100	100	100			94	100
<b>Staphylococcus epidermidis</b>	14	43		43		43			*	*	100	100	100		92	86	79
<b>Enterococcus faecalis</b>	15		100		100	R	R	80	R	*	100	100	100		100	33	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: 9% inducible resistance, 4% constitutive resistance; MSSA: 23% 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.