Allina Health %

Organism Groupings of Routinely Tested Antimicrobials at Allina Health Laboratory

| The reporting and cascading metrics described in this document is a general overview of currently reported antibiotics on culture results within Excellian at Allina Health. The algorithm is reviewed and endorsed by the Allina Infectious Diseases Task Force and final approval is given from the Microbiology Technical Committee. Antibiotic | Enterobacterales ⁴ | P.aeruginosa | Acinetobacter | Steno. maltophilia | Gram Negative Non - Enterobacterales ⁵ | Enterocococcus | Staphylococcus | Beta Streptococcus | Strep.pneumoniae | viridans Streptococcus |
|--|-------------------------------|--------------|---------------|--------------------|--|----------------|----------------|--------------------|------------------|------------------------|
| Amikacin | | | | | | | | | | |
| Ampicillin | | | | | | | | | | |
| Ampicillin/sulbactam | 1 | | | | | | | | | |
| Cefazolin | 1 | | | | | | | | | |
| Cefepime | | | | | | | | | | |
| Cefiderocol | | | | | | | | | | |
| Cefotaxime ⁶ | | | | | | | | | | |
| Cefoxitin | | | | | | | | | | |
| Ceftazidime | | | | | | | | | | |
| Cettriaxone | | | | | | | | | | |
| Ciprofloxacin | | | | | | Ŭ | | | | |
| Clindamycin | | | | | | 7 | 7 | | | |
| Daptomycin | | | | | | | / | | | |
| Doxycycline | | | | | | | | | | |
| Erythromycin | | | | | | | | | | |
| Gentamicin synergy | | | | | | | | | | |
| Gentamicin | | | | | | | | | | |
| Levofloxacin | | | | | | U | | | | |
| Linezolid | | | | | | | | | | |
| Meropenem | | | | | | | | | | |
| Minocycline | | | | | | | | | | |
| Moxifloxacin | | | | | | | | | | |
| Nitrofurantoin | | | | | | | | | | |
| Oxacillin | | | | | | | | | | |
| Penicillin | | | | | | | | | | |
| Piperacillin/tazobactam | 2 | | | | | | | | | |
| Rifampin | | | | | | | | | | |
| Streptomycin synergy | | | | | | | | | | |
| Tetracvcline | | | | | | U | | | | |
| Tigecycline | | | | | | | | | | |
| Tobramvcin | | | | | | | | | | |
| Trimethoprim/sulfa | | | | | | | | | | |
| Vancomycin | | | | | | 3 | | | | |
| vancontych | | | | | | | | | | |

Antibiotics will be suppressed from reporting when intrinsic resistance not detected or due to method limitation.

¹Cefazolin reported on uncomplicated UTI for *E.coli, K. pneumoniae, and P. mirabilis*.

Cefazolin will report on other Enterobacterales if MIC is >8 due to a method limitation. ²Method limitation for *Serratia marcescens*. Lab will automatically perform alternate method on blood

culture isolates or on request.

³Vancomycin will only report on urines when resistant.

⁴The order Enterobacterales includes frequently isolated gram-negative bacilli such as *E. coli, Enterobacter, Klebsiella, Proteus, Serratia, and Citrobacter.*

⁵Non-Enterobacterales include frequently isolated organisms such as *Pseudomonas* species other than *P. aeurginosa, Achromobacter,* and *Alcaligenes.*

⁶Cefotaxime is not readily available from the manufacturer and is not routinely stocked.

⁷Daptomycin not reported on respiratory cultures as daptomycin is inactivated by lung surfactant. ^UAppropriate to report selectively on urinary tract isolates but not considered optimal for first line treatment.

Green/routinely reported antibiotics are considered first-line recommended therapy. Routine reporting of these antibiotics is intended to improve patient outcomes and patient safety (Tier 1 in CLSI⁸).

Orange antibiotics are routinely tested. Orange/CLSI tier 2-4 antibiotics may or may not be effective for certain patient populations or infectious etiologies, but providers may call lab for those results if deemed clinically necessary.

Yellow fill agents are routinely tested and reported on urine isolates only and are considered first-line recommended therapy to improve patient outcomes and patient safety (Tier 1 for urine in CLSI).

Blanks are not routinely tested.

⁸CLSI: Clinical and Laboratory Standards Institute is a not-for-profit organization fostering excellence in laboratory medicine by publishing expert consensus guidelines.

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