

Antibiotic Panels, MIC

St. Luke's Microbiology Lab
Duluth, MN

Antibiotic	MicroScan Mnemonic	Mediatech Mnemonic	Staphylococcus species: Not Urine	Staphylococcus species: Urine	Enterococcus species: Not urine	Enterococcus species: Urine	Gram Neg Rod: Not urine	Gram Neg Rod: Urine	Pseudomonas species & Acinetobacter species	Strep Pneumoniae & other hemolytic Streps	Haemophilus species ¹
Amox/Clav	Aug	AMC									X
Ampicillin	Am	AMP			X	X	X	X			X
Azithromycin	Azt	AZITH								X ⁷	X
Cefazolin	Cfz	CZ					X	X			
Ceftazidime	Caz	CAZ					X	X	X		
Ceftriaxone	Cax	CRO					X	X		X ⁴	X
Ciprofloxacin	Cp	CIP RO					X	X	X		X
Clindamycin	Cd	CLINDA	X							X ^{5,7}	
Erythromycin	E	ERYTH	X							X ⁷	
Gentamicin	Gm	GENT	X				X	X	X		
Gent Synergy	GMS				X	X					
Imipenem	Imp	IMP					X		X ⁷		
Linezolid	Lzd	LZD	X	X	X						
Meropenem	Mer	MER					X		X ⁷		
Moxifloxacin ⁷	Mxf	MXF	X ⁷							X ^{2,4}	X
Nitrofurantoin	Fd	NITRO		X		X		X			
Oxacillin ⁹	Ox	OX	X ⁹	X ⁹							
Penicillin ¹⁰	P	PEN	X ¹⁰	X ¹⁰	X	X				X	
Piper/Tazo	P/T	TZP					X	X	X		
Rifampin ⁸	Rif	RIF	X								
Strep Synergy	STS				X	X					
Tetracycline ⁶	Te	TETRA	X	X						X ⁴	X
Tobramycin	To	TOBRA					X	X	X		
Trimeth /Sulfa	T/S	SXT	X	X			X	X	X ³	X ⁴	X
Vancomycin	Va	VANCO	X	X	X	X				X	

Unless otherwise specified, sensitivity testing is done by MIC Method.

Superscript Legend:

1. Done by Kirby Bauer Method.
2. Done by E-Test Method.
3. Trimethoprim/Sulfa reported on Acinetobacter sp only
4. Only reported on S. pneumoniae.
5. Not reported on S. pneumoniae.
6. Organisms that are susceptible to tetracycline are also considered susceptible to doxycycline and minocycline. However, some organisms that are intermediate or resistant to tetracycline may be susceptible to doxycycline or minocycline or both.
7. Report only on Methicillin Resistant isolates.
8. Rifampin should not be used alone for antimicrobial therapy.
9. Staphylococci that are susceptible to both Penicillin and Oxacillin may be considered susceptible to penicillinase-labile and penicillinase-stable penicillins, beta-lactam/beta-lactamase inhibitor combinations, anti-staphylococcal cepheems, and carbapenems. Oxacillin Resistant Staphylococci are resistant to all β-lactam antibiotics (except new cephalosporins with anti-MRSA activity)."
10. PenicillinResistant or Beta-lactamase producing Staphylococci are resistant to all Penicillinase-labile penicillins.

Please also note:

Rule #1: Linezolid to report on Enterococcus species and Staphylococcus coagulase negative species when Vancomycin is inactive.

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Rule #2: Daptomycin to report on Enterococcus species when Vancomycin is inactive.

Original written/date: 03/05/2004 Deborah Fischer, Microbiology Specialist, MT, ASCP

Revision History:

Changes made 03/05/04:

- Staph panel-not urine: Remove Levofloxacin. Add Moxifloxacin and Linezolid.
- Staph panel-urine: Remove Levofloxacin. Add Linezolid and Tetracycline.
- Enterococci panel-not urine: Add Linezolid.
- Enterococci panel-urine: Remove Levofloxacin. Add Gentamicin and Streptomycin synergy.
- Gram negative rod panel-not urine: Remove Levofloxacin. Add Moxifloxacin.
- Gram negative rod panel-urine: Remove Levofloxacin. Add Ceftazidime and Tobramycin.
- Pseudomonas: Remove Levofloxacin.
- Strep Pneumonia, Beta strep, and alpha strep panel: Remove Ampicillin and Levofloxacin. Add Azithromycin, Moxifloxacin and Trimethoprim/Sulfa. Note: Ceftriaxone, Moxifloxacin and Trimethoprim/Sulfa reported on ly on S. pneumonia and Clindamycin reported on strep not S. pneumonia.
- Haemophilus panel: Remove Levofloxacin. Add Moxifloxacin and Tetracycline.
- Ticarcillin/Clavulanate to be suppressed on GNR-urine, GNR-not urine and Pseudo panels. To be released only if Piperacillin/Tazobactam is inactive.

Changes made June 2007: Daptomycin available at physician's request.

Changes made 2008:

- Linezolid to report on Enterococci spp and Staph coagulase spp. only when Vancomycin is inactive. Daptomycin to report on Enterococci spp when Vancomycin is inactive.
- 2008-Aug 5th-Do not report Imipenem on Acinetobacter sp (Micro scan recall)

Changes made 1/05/09:

- Remove Imipenem and replace with Meropenem
- Remove Ampicillin from Staph-Urine panel
- ! Do not report on Urinary tract Infections placed on Moxifloxacin

Changes made 11/02/2011:

- Change gram negative panel from Neg BP 34 to NUC 61.
- Remove Amox/clav, Moxifloxacin and Tetracycline from both gram negative urine and not urine panels.
- Timentin no longer to be reported when pip/tazo is inactive on gram negative urine and gram negative not urine panels.

Change made 02/05/2013:

- Add Imipenem to Gram negative rod-not urine, and Pseudomonas-not urine panels because of Meropenem shortages.

Changes made 06/01/2017

- Discontinue reporting of Amoxicillin/Clavulanate for Staphylococcus
- Discontinue reporting of Moxifloxacin for (non-MRSA) Staphylococcus
- Discontinue routine reporting of Cefazolin for Staphylococcus.
- Comment Added: "Rifampin should not be used alone for antimicrobial therapy."
- Comment Added: Staphylococci that are susceptible to both Penicillin and Oxacillin may be considered susceptible to penicillinase-labile and penicillinase-stable penicillins, beta-lactam/beta-lactamase inhibitor combinations, anti-staphylococcal cepheems, and carbapenems. Oxacillin Resistant Staphylococci are resistant to all β -lactam antibiotics (except new cephalosporins with anti-MRSA activity)."
- Comment Added: "Penicillin Resistant or Beta-lactamase producing Staphylococci are resistant to all Penicillinase-labile penicillins."

Review History:

Reviewed and Approved as is by P & T Committee 04/05/2005 refer to March P&T Committee notes for approval..

Reviewed and Approved as is by P&T Committee 03/07/06, refer to March P&T Committee notes for approval

Reviewed and Approved as is by P&T Committee 06/07 Refer to March P&T Committed notes for approval June 2007.

Reviewed and Approved as is by P&T Committee 03/03/08

Reviewed and Approved with noted changes by P&T Committee 03/03/09

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Reviewed and Approved with no changes by P&T Committee 3/2/2010
Reviewed and Approved with noted changes by P&T Committee 2011
Reviewed and Approved by: Deborah Fischer, Microbiology Specialist, MT, ASCP: 07/02/2013 DAF
Reviewed by Laboratory Medical Director: Krista U. Warren, MD: Krista U. Warren, MD: KUW 8.8.13
Reviewed by: Deborah Fischer, Microbiology Specialist, MT, ASCP: 07/02/2013 DAF
Reviewed & Approved 03/04/2014 by P&T Committee JET
Reviewed & Approved by Infection Control Committee 5/20/15 JET
Reviewed & Approved by P&T Committee 06/02/15. JET
Reviewed & Approved by Infection Control Committee 3/14/17
Reviewed & Approved by P&T Committee 3/14/17
Reviewed & Approved by P&T Committee 3/14/18

Prepared March, 2018 Reviewed and Approved by:

St. Luke's Laboratory Microbiology (Jennifer Berglund)	Jennifer Berglund 02.13.18
Laboratory Microbiology Medical Director (J. Steinhauer, MD)	Jon Steinhauer, MD 03/06/2018
Laboratory Medical Director (SJ Eastep, MD)	Steven J. Eastep, MD 2/26/18
Laboratory Administrative Director (Jennifer Viergutz, MT ASCP)	Jennifer Viergutz 2.26.18
Infection Control Committe (A. Thompson, MD)	Andrew Thompson 3.14.18
P&T Committee Chair (Dr. Scott Mikesell, MD)	Approved by vote of P & T committee 3.14.18