Microbiology Department
Antibiotic Susceptibility
January – December 2025

MERCYONE SM

Des Moines - Laboratory
1111 6th Avenue
Des Moines, IA 50314

This data reflects isolates of cultures from inpatients and ED patients of
MercyOne Des Moines Medical Center and
MercyOne West Des Moines Medical Center.

Antimicrobial Stewardship Contact Information:
Infectious Disease Pharmacy Specialist: Office: 643-8697

Penicillin Allergy Skin Testing:
Pharmacy provides allergy testing for hospitalized patients with a reported history of penicillin allergy. Consult pharmacy to evaluate if your patient is a candidate. Order "Pharmacy Consult" with order comments "penicillin skin testing".
Call the infectious diseases pharmacy specialist with questions about this service.

Pharmacy & Therapetics Approved Protocols
Pharmacy has been approved to perform the following:
Renal dosing of antimicrobials
IV to oral Conversion (azithromycin, clindamycin, doxycycline, fluconazole, levofloxacin, linezolid, metronidazole)
Vancomcyin pharmacokinetic monitoring and dosing

Mercy Medical Center Gram Negative Antibiogram Data - January through December 2025

Antibiotic Susceptibility	# Isolates tested	Ampicillin	Amp/Sul	Pip/Tazo	Cefazolin	Cefuroxime	Ceftazidime	Ceftriaxone	Cefepime	Ertapenem	Meropenem	Aztreonam	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Trimeth/Sulfa	Nitrofurantoin	[3] % ESBL	[4] % CRE	[5] % Total MDR
Gram Negative Rods		**Percentage of Isolates that are Susceptible (Number of Isolates Tested)**																	**% MDR [2]**		
Escherichia coli	1610	55 (1610)	64 (1609)	98 (1610)	82 (1608)	87 (802)	89 (1610)	89 (1610)	90 (1610)	100 (1610)	100 (1610)	92 (802)	90 (1609)	90 (1609)	78 (1610)	82 (1610)	77 (1610)	97 (1193)	8.8	0.1	10.9
Enterobacter cloacae	150	0 (150)	0 (150)	86 (150)	0 (150)		79 (150)	63 (150)	98 (150)	92 (150)	100 (150)		99 (150)	99 (150)	92 (150)	95 (150)	85 (150)	38 (58)		3.3	4.0
Klebsiella (Enterobacter) aerogenes	68	0 (68)	0 (68)	91 (68)	0 (68)		78 (68)	74 (68)	99 (68)	99 (68)	100 (68)		99 (68)	100 (68)	97 (68)	99 (68)	97 (68)	58 (26)[1]		0.0	0.0
Klebsiella pneumoniae	475	0 (475)	81 (59)	97 (475)	86 (475)		90 (474)	90 (475)	90 (475)	100 (474)	100 (475)		98 (475)	97 (475)	87 (475)	96 (475)	87 (475)	59 (309)	9.5	0.0	9.9
Klebsiella oxytoca	143	0 (143)	82 (143)	94 (143)	33 (143)		94 (143)	94 (143)	94 (143)	100 (142)	100 (143)		97 (143)	97 (143)	94 (143)	95 (143)	91 (143)	95 (60)	5.6	0.0	6.3
Citrobacter spp.	94	0 (94)	44 (95)	96 (94)	39 (94)		86 (94)	83 (94)	100 (94)	100 (94)	100 (94)		97 (94)	98 (94)	98 (47)	96 (94)	95 (94)	93 (45)		0.0	0.0
Proteus mirabilis/penneri	325	67 (325)	79 (324)	100 (325)	78 (325)	90 (136)	96 (325)	96 (325)	96 (325)	100 (325)	100 (325)	96 (136)	81 (325)	86 (111)	70 (111)	65 (325)	70 (325)	0 (195)	3.7	0.0	9.2
Morganella morganii	54	0 (54)	11 (54)	98 (54)	0 (54)		74 (54)	78 (54)	98 (54)	100 (54)	100 (54)		96 (54)	96 (54)	78 (54)	78 (54)	78 (54)	0 (17)[1]		0.0	1.9
Serratia marcescens	71	0 (71)	0 (71)	79 (71)	0 (71)		68 (71)	66 (71)	97 (71)	99 (71)	100 (71)		97 (71)	96 (71)	86 (71)	94 (71)	99 (71)	0 (14)[1]		0.0	0.0
Pseudomonas aeruginosa	430			93 (430)			93 (430)		93 (430)		96 (430)	90 (153)			91 (430)	85 (430)				0.2	0.7
Stenotrophomonas maltophilia	27[1]						41 (27)[1]									96 (27)[1]	100 (27)[1]				

[1] Less than 30 isolates tested; results may not be precise. Interpret with caution.

[2] The last three columns reflect percentage of isolates showing a multiple drug resistant strain. (MDR)

[3] Reflects percentage of isolates showing Extended Spectrum Beta Lacamase production.

(4) Reflects percentage of isolates meeting definition of Carbapenemase Resistant Enterobacteriacae: An Enterobacteriacae isolate that is intermediate or resistant to at least one carbapenem, excluding Proteus, Morganella or Providencia resistant only to Imipenem. To determine if the CRE was a CP-CRE (Carbapenemase Producing CRE), mCIM phenoypic testing and PCR testing were performed on all CRE, and PCR tested for markers KPC, OXA, NDM, IMP, VIM. Of the 5 Enterobacter cloacae CRE the 1 E.coli CRE and the 1 Pseudomonas aeruginosa CRPA, none tested positive for CP-CRE.

(5) MDR-GNR (Multiple Drug Resistant GNR) is defined as ESBL, CRE, or any other GNR with with resistant or intermediate susceptibility to all agents in 2/3 of the following antibiotic classes: a.Beta-lactams: Penicillins, cephalosporins, and carbapenems, b. Aminoglycosides: Gentamicin and Tobramycin but not Amikacin, c. Fluoroquinolones: Ciprofloxacin and Levofloxacin.

Haemophilus influenzae: Of the 71 isolates identified in 2025, 17 were found to be Beta Lactamase positive (24%), and 54 were found to be Beta Lactamase negative (76%).

Moraxella catarrhalis: Of the 18 isolates identified in 2025, 18 were found to be Beta Lactamase positive 100%.

Mercy Medical Center Gram Positive Antibiogram Data - January through December 2025

Antibiotic Susceptibility	# Isolates tested	Penicillin	Ampicillin	Amp/Sul	Cefazolin	Ceftriaxone (meningitis)	Ceftriaxone (non-meningitis)	Linezolid	Oxacillin	Vancomycin	Clindamycin	Erythromycin	Tetracycline	Levofloxacin	Trimeth/Sulfa	[1]Nitrofurantoin
Gram Positive Cocci		**Percentage of Isolates that are Susceptible (Number of Isolates tested)**														
Enterococcus spp. (all)[1]	646	85 (646)	93 (647)					100 (645)		95 (647)				83 (647)		97 (375)
Enterococcus faecalis [2]	89	93 (89)	100 (89)					100 (89)		98 (89)				90 (89)		
Enterococcus faecium [2]	46	17 (46)	20 (46)					100 (45)		35 (46)				15 (46)		
Staphylococcus aureus [3] (MRSA)	518			0 (518)	0 (518)			100 (516)	0 (518)	100 (518)	83 (489)	17 (489)	81 (518)	26 (518)	95 (518)	100 (48)
Staphylococcus aureus (MSSA)	648			100 (648)	100 (648)			100 (648)	100 (648)	100 (648)	71 (610)	62 (610)	93 (648)	84 (648)	99 (647)	100 (515)
Staphylococcus coagulase neg.	168			49 (167)	48 (168)			100 (164)	49 (168)	100 (168)		40 (156)	85 (168)	72 (166)	70 (168)	100 (40)
Streptococcus pneumoniae[4]	120	98(120)[6]														
Streptococcus pneumoniae[5]	62					93 (59)	96 (48)			100 (62)		60 (58)	79 (57)	98 (62)	79 (57)	

[1]Enterococcus (all) reflects data from speciated and unspeciated Enterococci.

[2] Enterococci are speciated when isolated from a sterile site, and/or when resistant to Vancomycin.

[3]Of the 1166 Staphylococcus aureus isolates tested: 518 were Oxacillin Resistant (44%), and 648 were Oxacillin Sensitive (56%).

[4]Of the 120 Strep. pneumoniae isolates reported: 118 were Penicillin Sensitive, and 2 were Penicillin Intermediate.

[5]Strep. pneumoniae susceptibility testing is performed when a screening test suggests possible Penicillin resistance or if isolated from blood or CSF. Data charted is representative of only 62 of the 120 Strep. pneumo isolates. Results should be used accordingly.

[6]Strep. pneumoniae Penicillin susceptibility results are based on parenteral (nonmeningitis) breakpoints.

Yeast Antibiogram Data 2023-2025

Antibiotic Susceptibility	Fluconazole
Candida albicans	95 (42)
Nakaseomyces(Candida) glabrata	79 (39)

% susceptible (number of isolates)

% susceptible includes both susceptible and susceptible dose dependent.

Formulary For Intravenous Anti-Infectives	
ANTI-INFECTIVE	Usual Adult Dose(a)
Amikacin	7.5 - 15 mg/kg q12-24h
Amphotercin B	0.5-1 mg/kg
Ampicillin	1-2 Gm q6h
Ampicillin/Sulbactam	1.5-3 Gm q6h
Azithromycin	500 mg daily
Aztreonam	1-2 Gm q8h
*Aztreonam/avibactam	2.67 g x 1 dose then 2 g q6h
Cefazolin	1-2 Gm q8h
Cefepime	1-2 Gm q12h
*Cefiderocol	2 Gm q8h
Cefoxitin	2 Gm q6h
*Ceftaroline	600 mg q12h
Ceftazidime	1-2 Gm q8h
*Ceftazidime/avibactam	2.5 g q8h
*Ceftolozane/Tazobactam	1.5 - 3 g q8h
Ceftriaxone	1-2 Gm daily
Cefuroxime	1.5 Gm q8h
Ciprofloxacin	200 - 400 mg q12h
Clindamycin	600-900 mg q8h
Colistimethate	2.5 mg/kg q12h
*Daptomycin	4-6 mg/kg/day
Doxycycline	100 mg q12h
*Eravacycline	1 mg/kg q12h
*Ertapenem	1 Gm daily
Erythromycin	0.5-1 Gm q6h
Fluconazole	200-400 mg daily
Gentamicin	1 mg/kg q8hrs, or 5-7mg/kg q24
*Imipenem-cilastatin-relabactam	1.25 Gm q6h
*Isavuconazonium sulfate	372 mg q8h x 6 doses, then daily
Levofloxacin	250-750 mg
*Linezolid	600 mg q12h
*Meropenem	1 gm q8hrs
*Meropenem/vaborbactam	4 g q8h
Metronidazole	500 mg q8h
*Micafungin	100-150 mg daily
*Minocycline	100-200mg q12h
Nafcillin	2 g q4h or 12 g continuous infusion
Penicillin G	18-24 MU/day
Piperacillin/Tazobactam	3.375-4.5 Gm q6h
*Sulbactam/durlobactam	2 g q6h
*Tigecycline	100 mg x 1, then 50 mg q12h
Tobramycin	1 mg/kg q8hrs, or 5-7mg/kg q24
Trimethoprim/Sulfamethoxazole	15-20 mg/kg/day
Vancomycin	15 mg/kg/dose
*Voriconazole	6 mg/kg q12h x 2 doses, then 4 mg/kg q12h
(a) may require adjustment in patients with renal or hepatic dysfunction	
*USE RESTRICTED TO ID PHYSICIANS	

Formulary For Oral Anti-Infectives	
ANTI-INFECTIVE	Usual Adult Dose
Amoxicillin	250-500 mg q8h
Amoxicillin/Clavulanate	500 - 875 mg q8-12h
Ampicillin	200-500 mg q6h
Azithromycin	250-500 mg daily
Cefadroxil	500 mg – 1 g q12h
Cefdinir	300 mg q12h
Cefuroxime	500 mg q12h
Cephalexin	250-500 mg q6h
Ciprofloxacin	250-750 mg q12h
Clarithromycin	250-500 mg q12h
Clindamycin	150-300 mg q6-8h
Dicloxacillin	250-500 mg q6h
Doxycycline	100 mg daily - q12h
Erythromycin	250-500 mg q6-8h
*Fidaxomicin	200 mg daily
Fluconazole	100-200 mg daily
Fosfomycin	3 g x 1 dose
*Isavuconazonium sulfate	372 mg q8h x 6 doses, then daily
Itraconazole	200 mg daily
Levofloxacin	250-750 mg daily
*Linezolid	600 mg q 12h
Metronidazole	250-500 mg q6-8h
Minocycline	100 mg q12h
Penicillin VK	250-500 mg q6h
**Posaconazole	300mg - 400 mg q12-24h
Tetracycline	250-500 mg q6h
Trimethoprim/Sulfamethoxazole	800-160 mg q12h
Vancomycin	125 mg q 6h
*Voriconaozle	200 - 300 mg q12h
*USE RESTRICTED TO ID PHYSICIANS	
** USE RESTRICTED TO ID AND ONCOLOGY PHYSICIANS	