

Pediatrics – Outpatient Data

Urine Cultures, % Susceptible

Data represent first isolate per patient.

	N	Ampicillin	Cephalexin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin*	Tetracycline	Trimethoprim/ Sulfamethoxazole	Gentamicin
<i>E. coli</i>	606	54	92	95	84	90	99	80	75	93
<i>K. pneumoniae</i>	38	R	95	97	90	92	37	79	82	100
<i>P. mirabilis</i>	39	80	92	97	97	100	R	R	90	100
<i>S. aureus</i> (35% MRSA)	24 ¹	ND	ND	65	ND	100	100	96	100	96

*Nitrofurantoin use should be restricted to uncomplicated cystitis

¹Calculated with <30 isolates; interpret data with caution.

R, intrinsic resistance; ND, not tested.



Urinary Tract Clinical Practices Guidelines are available [here](#).
For empiric treatment of uncomplicated UTI, first line therapy in children is oral cephalexin.

Pediatrics – Outpatient *S. aureus* Susceptibilities, All Cultures, % Susceptible

Data represent first isolate per patient.

	N	Penicillin	Oxacillin	Ceftaroline	Doxycycline	Clindamycin	Gentamicin	Levofloxacin	Minocycline	Moxifloxacin	Rifampin	Tetracycline	Trimethoprim/ Sulfamethoxazole	Vancomycin
MSSA	280	23	99	100	100	99	99	91	100	91	100	99	96	100
MRSA	178	0	0	99	99	88	95	63	99	64	99	97	95	100



S. aureus remains highly susceptible to clindamycin