

ASET: Micro Updates

JUNE 2023



What is changing?

For isolates of *Staphylococcus* spp., oxacillin will be reported in place of nafcillin.

Starting 1/1/2024, cefazolin will no longer be reported. Over the next 6 months, it will be reported as SEE COMMENT as we bridge to this change.

Example Reporting

A screenshot of a laboratory report for a *Staphylococcus lugdunensis* isolate. The report is titled 'Culture, Blood' and shows the following information: Status: Preliminary result; Visible to patient: No (not released); Next appt: None; Specimen Information: Percutaneous, venous; Blood; Culture Blood: *Staphylococcus lugdunensis* !; Gram Stain: !; Gram positive cocci in clusters; Resulting Agency: MICRO; Susceptibility: SEE COMMENT; Cefazolin: S; Clindamycin: S; Erythromycin: I; Oxacillin: S; Trimethoprim + Sulfamethoxazole: R; Vancomycin: S; Footnote: 1 This organism tested susceptible to oxacillin, which infers susceptibility to cefazolin. Specimen Collected: 05/04/23 13:28 EDT; Last Resulted: 05/04/23 14:58 EDT. The report includes links for Order Details, View Encounter, Variant Details, Lab and Collection Details, and Routing.

Why are we changing?

In the micro lab, oxacillin is tested (not nafcillin). Less manual changes decreases risk of human error and makes future updates easier.

How should I use this information in practice?

- 1) Oxacillin should be used to infer susceptibility for nafcillin and cefazolin.
- 2) This does not change formulary status of these agents.
- 3) This change in susceptibility reporting does not impact the clinical decision of when to use cefazolin vs. nafcillin.