Pseudomonas aeruginosa (n=22,804 from 73 Hospitals)			
	Susceptibility (Range)	**Number of Isolates**	**Number of Hospitals**
Piperacillin-Tazobactam	82.8% (62-100%)	20,040	66
Ceftazidime	81.7% (6-94%)	18,315	59
Cefepime	83.6% (65-98%)	19,015	59
Meropenem	81.7% (54-97%)	14,261	39
Imipenem	-	-	-
Amikacin	95.1% (74-100%)	19,491	62
Gentamicin	83.2% (48-95%)	22,271	70
Tobramycin	91.0% (77-97%)	19,850	61
Ciprofloxacin/Levofloxacin	68.7% (45-90%)	22,132	71

Comments from LA County Healthcare-Associated Infection and Antibiotic Resistance Committee:

Carbapenem resistance among *Pseudomonas* spp. is relatively common in Los Angeles County. These data are particularly relevant to the empiric management of sepsis, where microbiologically active therapy is crucial (Kolleff et al. *Chest*. 1999; Kumar et al. *Critical care Medicine*. 2006).

One potential approach to improve the probability of microbiologically active therapy is the inclusion of adjunctive therapy with a non-beta-lactam antibiotic. (IDSA HAP/VAP guidelines – Kalil et al. *Clinical Infectious Disease*, 2016; Gutierrez-Gutierrez et al. *Lancet Infectious Disease*. 2017) Fluoroquinolone susceptibility is relatively low, compared to aminoglycosides. This may be relevant to management of pneumonia and other hospital-acquired infections where *Pseudomonas* spp. infection is likely.