

ICU Antimicrobial Reference Tables

Downloadable reference - verify local susceptibility, formulation, dosing and current guideline context

These tables are educational starting frameworks. They do not replace the local ICU antibiogram, source control, microbiology/ID advice, organ-function dosing or patient-specific contraindications.

Comparison Matrix - Novel beta-Lactams / CRE

Agent	Best Mechanism/Role	Useful Against	Key Gaps	ICU Pearl
Ceftazidime-avibactam (Avycaz)	KPC / OXA-48-like CRE; selected DTR Pseudomonas	KPC, OXA-48-like; many DTR Pseudomonas	NDM/other MBL alone	For MBL producers, pair avibactam protection with aztreonam or use a preferred MBL-active alternative.
Meropenem-vaborbactam	KPC-producing CRE	KPC Enterobacterales	NDM/MBL; OXA-48-like not its strength	Excellent KPC option; do not generalize all carbapenemases.
Imipenem-cilastatin-relebactam (Recarbrio)	KPC and selected DTR Pseudomonas	KPC; some DTR Pseudomonas	NDM/MBL; OXA-48-like	Mechanism and susceptibility still matter.
Aztreonam-avibactam (Emblaveo)	NDM/other MBL-producing Enterobacterales	Many MBL + co-produced serine beta-lactamases	Not a universal Acinetobacter drug	FDA label is narrower than the IDSA 2026 AMR role.
Cefiderocol	MBL CRE / selected DTR Pseudomonas	Many NDM/MBL CRE; DTR Pseudomonas	Variable CRAB performance; resistance can emerge	Reserve for resistant phenotypes where its spectrum matters.
Ceftolozane-tazobactam	DTR Pseudomonas	Many difficult Pseudomonas isolates	Carbapenemase-producing CRE not its core role	One of the most important modern antipseudomonal options.
Cefepime-enmetazobactam (Exblifep)	ESBL-E / selected AmpC+ESBL	Many ESBL Enterobacterales	Not a universal CRE drug	U.S. FDA label is cUTI; IDSA guidance discusses broader selected ESBL use.