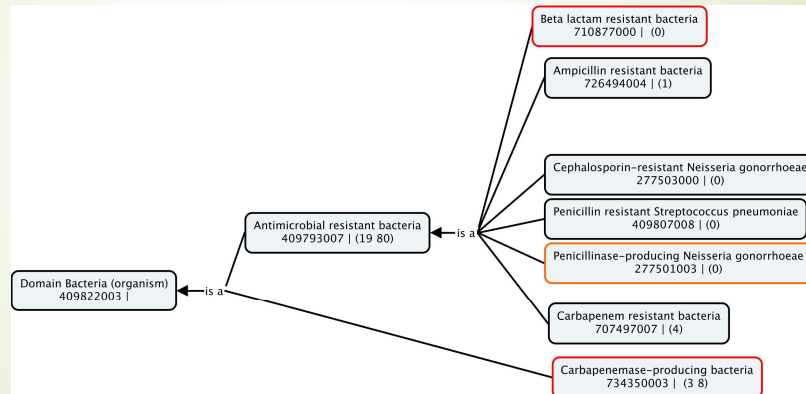


## First level of beta-lactam resistant bacteria



### Questions

1. Should terms here (e.g. “beta lactam”) conform to names in substance hierarchy (e.g. “beta-lactam”)?
2. Should the main term be hyphenated (e.g. Cephalosporin-resistant) or not (e.g. Ampicillin resistant)?
  1. If hyphenated, is beta-lactam-resistant correct?
3. Should existing concepts involving resistance to individual drugs be subtypes resistance to drug class? Example: Ampicillin resistant bacteria would be a subtype of beta lactam resistant bacteria.
  1. If so, should this (sub)hierarchy reflect the substance hierarchy?
  2. Should this subhierarchy be more complete or should we only add content that’s requested?
    1. As concepts “for every antimicrobial” would be nearly impossible to keep current, what’s the basis for including or excluding a specific concept?
  3. When ambiguous (e.g. penicillin) should the default position be a drug name (potentially several in this case) or a drug class name?