


Get to Know the Arkstone Report

All detected organisms are listed with the pathogens **commonly associated with infection** indicated in bold. Treatment recommendations are directed toward these pathogens.

The **Antimicrobial Resistant ArkScore (AMR)** measures the level of resistance detected. The higher the score, the less resistant the patient will be to antibiotic therapy.

Clinically applicable drug details are included as well as the **Antibiotic Drug ArkScore (ABX)** which ranks antibiotics based on many factors including associated risks and current FDA warnings. The higher the score, the better the drug.


Laboratory Analysis Report

Patient	John Doe	Report ID	61493793	Specimen	Urine
DOB	12/07/1857	Report Date	11/19/2019	Reviewed by	Infectious Disease Team

Organisms Detected

Common pathogens in bold

- **Enterococcus faecalis**
- Ureaplasma parvum
- **Escherichia coli**
- Gardnerella vaginalis
- **Klebsiella aerogenes**
- Lactobacillus iners


Resistance Detected

Macrolide, Clindamycin

Methicillin

Quinolone

Antimicrobial Resistance (AMR) ArkScore™



Drug Information

Amoxicillin Clavulanate

Requires renal dosing

Does not require hepatic dosing


Common Side Effects

Rash

Common Drug Interactions

Allopurinol


Antibiotic Drug (ABX) ArkScore™



Impression

Amoxicillin Clavulanate 875/125 mg PO BID x 5 days for possible acute UTI*

Antimicrobial Stewardship (AMS) ArkScore™



Are there alternative treatments?

Amoxicillin-clavulanate (Arkscore 75) is a possible option, however, the significance of MecA in the presence of enterococcus is unclear, and drug failure is possible. MecA confers resistance to Amoxicillin-clavulanate in staph species. Macrobid (Arkscore 100) or fosfomycin (Arkscore 100) may also be options, although resistance testing is not often tested against these antibiotics.

When should this be treated?

Asymptomatic bacteriuria need not be treated. Only patients with symptoms of a UTI need treatment. In asymptomatic pregnant women, treatment may be considered. Also, in patients undergoing urological procedures treatment before the procedure may be necessary. With chronic symptoms of cystitis, additional workup should be completed to rule out noninfectious causes and predisposing factors for infection.

Are there any special considerations?

It should be noted that many patients are colonized with bacteria in their urine. Therefore, a positive urine culture does not necessarily mean infection unless there are symptoms present as well. In certain situations, multiple organisms in a urine specimen may indicate contamination. Organisms that are part of the normal flora may also be pathogenic at times. If the patient fails to improve additional workup and antibiotic treatment may be needed. Clinical correlation is required.

How long should treatment last?

Typically, a simple UTI can be treated in 3 days. More complicated cases are treated for 5-7 days, while pyelonephritis may be treated as long as 14 days.

Question about this report?
(321) 204-ARK-1

* Dosing recommendations are based on normal adult, with no medical history, normal BMI and normal renal and hepatic function. Duration is based on minimal time required to treat simple, uncomplicated infections. Dosing and duration should be modified by prescriber as needed.

Arkstone's Antimicrobial Stewardship Program is designed to assist in improving the treatment of infections. Recommendations are for education only, and not intended to be primarily relied upon in making a clinical diagnosis or treatment decisions. Inputs used to generate said recommendations are provided by the respective laboratory, and are limited to source of specimen, organisms, resistant genes, and ICD10 codes. The patient has not been examined nor their medical history reviewed.

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The **impression** provides the prescriber with the optimal drug regimen, dosage, duration of therapy, and route of administration based on source, common pathogens and resistant genes detected.

The **Antimicrobial Stewardship ArkScore (AMS)** factors both the ABX and AMR ArkScores and gives the provider an overall view of how the resistance detected and antibiotic choices available affect patient treatment options.

Alternative treatment options, treatment indications, special considerations, and additional duration options are provided with each report tailored to **specific clinical scenarios**.

