

|                  |         |                |              |                 |            |                  |            |
|------------------|---------|----------------|--------------|-----------------|------------|------------------|------------|
| <b>Report ID</b> | XXXXXXX | <b>Patient</b> | XXXXX, XXXXX | <b>DOB</b>      | XX/XX/XXXX | <b>Collected</b> | XX/XX/XXXX |
| <b>Source</b>    | Urine   |                |              | <b>Resulted</b> | XX/XX/XXXX | <b>Received</b>  | XX/XX/XXXX |

## Organisms Detected

Common pathogens in bold

- Candida albicans
- **Enterobacter cloacae**
- **Enterococcus faecalis**
- **Escherichia coli**
- **Klebsiella oxytoca**

## Resistance Detected

### Macrolide

### TMP-SMX

Antimicrobial Resistance **ARKSCORE**

LO HI

## No Allergies Reported

## OneChoice Drug Info

### Nitrofurantoin (Macrobid)

**Dosing Req**  Renal  Hepatic

**Side Effects** Neuropathy

**Interactions** Antacid

Adverse Reaction **ARKSCORE**

LO HI

## ONECHOICE<sup>®</sup> PLUS



Support, references, and additional drug, dosage, and language options

## Infection Complexity **ARKSCORE**

LOW HIGH

## ONECHOICE<sup>®</sup>

## Nitrofurantoin (Macrobid) 100 mg PO BID x 5 days for possible simple UTI\*

### Alternative Treatment Options with Adverse Reaction ArkScore™

- Fosfomycin<sup>°</sup> **ARKSCORE 1** 3 gm PO x 1 dose for possible simple UTI\*
- Levofloxacin<sup>°</sup> **ARKSCORE 5** 250-750 mg PO daily x 3 days for possible simple UTI\*
- Ertapenem<sup>°</sup> **ARKSCORE 3** 1 gm IV Q24H x 5-14 days for possible complicated UTI\*
- Gentamicin<sup>°</sup> **ARKSCORE 5** 7 mg/kg IV x 1 dose for possible complicated UTI\*

° Fosfomycin efficacy against Enterococcus faecalis and Enterobacter is uncertain. Levofloxacin efficacy against Enterococcus faecalis is uncertain. Ertapenem efficacy against Enterococcus faecalis is uncertain. Gentamicin efficacy against Enterococcus faecalis is uncertain.

### Why is this the OneChoice?

Of the detected organisms, four can be pathogenic when found in urine samples. Candida was not targeted since it may be a colonizer, found naturally, or a possible contaminant. If concerned, treatment modifications may be needed. Resistance genes were detected in multiple classes, of which TMP-SMX resistance may limit available treatment options. Macrobid efficacy against Enterobacter and E. coli is uncertain. †

### When should this be treated?

Asymptomatic bacteriuria does not typically need treatment, and microbe detection may not indicate infection. However, treatment may be necessary during pregnancy or prior to urological procedures. Simple UTIs are typically treated for 3 days (fluoroquinolones/TMP-SMX), or 5 days (beta-lactams). In more complicated cases therapy may be extended to 7-14 days. STI treatment is specific to the microbe being treated and antimicrobial being used. †

### Are there any special considerations?

Multiple microbes detected may indicate contamination or colonization. Enterobacter and Enterococcus faecalis may have intrinsic resistance to certain antimicrobials, making them difficult to treat. Enterococcus faecalis may require modified dosing and duration. Antibiotics should therefore be used with caution as drug failure is possible. Resistance detected may only affect certain microbes, and in some cases, none at all. †

**Infection Control Precautions:**  Standard

\* Dosing and duration of treatment based on adult patient, with no medical history, normal BMI, renal and hepatic functions, and minimal time required to treat simple infections. Treatment is directed at common pathogens noted above, and the most commonly associated antibiotic resistance based on genes detected. Resistance is variable and drug failure is possible. Additional microbiology workup and treatment modification may be needed.

† For education purposes only. This is not a diagnosis. Clinical correlation and physician judgement required when making diagnosis or treatment decisions. Recommendations based on lab results, and limited to specimen source, organisms, resistance, allergies, and ICD10 codes. Patient has not been examined nor their medical history reviewed.

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