

<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>	Nasopharynx	<b>Provider</b>	XXXXX, XXXXX	<b>Resulted</b>	XX/XX/XXXX	<b>Received</b>	XX/XX/XXXX

**Organisms Detected**  
*Common pathogens in bold*

- Klebsiella pneumoniae**
- Staphylococcus aureus**

**Resistance Detected**

**Methicillin**  
 Antimicrobial Resistance **ARKSCORE**  
 LO  HI

**No Allergies Reported**

**Drug Information**

**Trimethoprim-Sulfamethoxazole**  
**Dosing Req**  Renal  Hepatic  
**Side Effects** Hyperkalemia  
**Interactions** ACE inhibitors  
 Adverse Reaction **ARKSCORE**  
 LO  HI

Infection Complexity **ARKSCORE**

LOW  HIGH

**ONECHOICE®**

## Trimethoprim-Sulfamethoxazole DS 1 tab PO BID x 5 days for possible acute sinusitis\*

### Alternative Treatment Options with Adverse Reaction ArkScore™

Due to the presence of MRSA, treatment options are limited. Bacteria found may represent nasopharyngeal colonization. If clinically indicated alternative possible options include amox-clav (**ARKSCORE 2**) combined with doxycycline (**ARKSCORE 1**). Combination therapy increases the risk of adverse drug reactions. Trimethoprim-sulfamethoxazole is not commonly used for upper respiratory infections (not indicated for Staph pneumonia).‡

### When should this be treated?

Most cases of rhinitis, sinusitis, and bronchitis are viral. In cases of bacterial sinusitis infections, symptoms may include fevers, persistent symptoms beyond 10 days, maxillary toothache, and worsening symptoms after a temporary improvement. Symptoms may also include facial pain and complaints of bad odors being smelled by the patient.‡

### Are there any special considerations?

Staph is a common colonizer of the nasopharynx, less commonly associated with sinusitis, and may represent a contaminated specimen. However, in about 10% of cases of bacterial sinusitis, Staph aureus is the culprit. Additional workup may be needed to rule out other infections such as pneumonia. The treatment above is directed towards common pathogens and commonly associated resistance based on genes detected. However, resistance is variable and drug failure is possible.‡

### How long should treatment last?

Most cases of acute sinusitis and bronchitis are self-limiting, as they are usually secondary to viruses. Bacterial sinusitis is treated with antibiotics for 5-7 days. Pneumonia is often treated for 5-7 days, although it may need to be extended in complicated cases. Bacterial pharyngitis is treated for 10 days.‡

### What infection control should be implemented?

MRSA may require contact precautions in certain settings.‡



For more about this report, scan, click, or call 1-833-933-ARK-3

\* 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. Clinical correlation and physician judgement required when making a diagnosis or treatment decisions. Recommendations based on laboratory results, and limited to specimen source, organisms, resistance genes, allergies, and ICD10 codes. Patient has not been examined nor their medical history reviewed.

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