

Report ID	XXXXXXX	Patient	XXXXX, XXXXX	DOB	XX/XX/XXXX	Collected	XX/XX/XXXX
Source	Left Arm Wound	Provider	XXXXX, XXXXX	Resulted	XX/XX/XXXX	Received	XX/XX/XXXX

Organisms Detected

Common pathogens in bold

- **Pseudomonas aeruginosa**
- **Staphylococcus aureus**
- Staphylococcus epidermidis
- **Finegoldia magna**

Resistance Detected

Methicillin

Antimicrobial Resistance **ARKSCORE**



No Allergies Reported

Drug Information

Delafloxacin

Dosing Req Renal Hepatic

Side Effects Tendinitis

Interactions Cations

Adverse Reaction **ARKSCORE**



Infection Complexity **ARKSCORE**



ONECHOICE®

Delafloxacin 450 mg PO BID x 5 days for possible skin and soft tissue infection*

Alternative Treatment Options with Adverse Reaction ArkScore™

Due to the presence of MRSA and Pseudomonas antibiotic options are limited. The combination of trimethoprim-sulfamethoxazole (**ARKSCORE 1**) with levofloxacin (**ARKSCORE 5**) is a possible option, however, combination therapy increases the risk of adverse drug reactions. Fluoroquinolones should be used with caution due to FDA warnings. Other possible options include meropenem IV (**ARKSCORE 3**) combined with vancomycin IV (**ARKSCORE 3**).[‡]

When should this be treated?

Purulent drainage, increased warmth, erythema, and induration indicate infection. Often, chronic wounds may be uninfected but still yield bacteria that represent colonization and/or contamination.[‡]

Are there any special considerations?

Polymicrobial skin infections often have microbes that represent colonization and/or contamination. However, in many situations, an infection can also be secondary to multiple organisms. If the patient fails to improve, additional workup and antibiotic coverage may be needed. The treatment above is directed towards common pathogens and the most common associated resistance due to genes detected. However, resistance is variable and drug failure is possible.[‡]

How long should treatment last?

For simple skin and soft tissue infections like cellulitis, five days should suffice. However, a longer duration may be needed if clinical improvement lags. Some sources recommend therapy until three days after acute inflammation disappears. Abscesses may require incision and drainage. Osteomyelitis may require treatment for as long as six weeks, but often requires IV antibiotics.[‡]

What infection control should be implemented?

MRSA may need 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.