COLLABORATIVE DIAGNOSTICS.COM

Laboratory Result Analysis

Powered by ARKSTONE Antimicrobial Stewardship

Report ID	XXXXXXX	**Patient**	XXXXX, XXXXX	**DOB**	XX/XX/XXXX	**Collected**	XX/XX/XXXX
Source	Urine	**Provider**	XXXXX, XXXXX	**Resulted**	XX/XX/XXXX	**Received**	XX/XX/XXXX

Organisms Detected

Common pathogens in bold

- **Trichomonas vaginalis**
- Mycoplasma hominis
- Gardnerella vaginalis
- Ureaplasma urealyticum
- **Neiserria gonorrhoeae**

Resistance Not Tested

For targeted therapy, consider resistance testing when applicable

No Allergies Reported

Drug Information

Ceftriaxone Ⓘⓥ

Dosing Req ☐ Renal ☑ Hepatic
Side Effects Pseudocholelithiasis
Interactions Prevacid

Adverse Reaction **ARK**SCORE

LO 2 HI

Metronidazole

Dosing Req ☑ Renal ☐ Hepatic
Side Effects Metallic taste
Interactions Disulfiram

Adverse Reaction **ARK**SCORE

LO 2 HI

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

Infection Complexity **ARK**SCORE

LOW 1 HIGH

ONECHOICE®

Ceftriaxone 500 mg IM x 1 dose for possible Gonococcal urethritis & Metronidazole 500 mg PO BID x 7 days for possible Trichomonas urethritis*

Alternative Treatment Options with Adverse Reaction ArkScore™

Alternative possible therapy for Trichomonas urethritis is Tinidazole ARKSCORE 2. New CDC guidelines suggest monotherapy with higher dosing of ceftriaxone for the treatment of N. gonorrhoeae. Alternative possible therapy for N. gonorrhoeae includes cefixime ARKSCORE 1 alone. Test of cure is required for alternative therapy. If Chlamydia cannot be ruled out, the addition of doxycycline ARKSCORE 1 is required.‡

When should this be treated?

Neisseria gonorrhoeae should be treated when symptoms of urethritis are present, and even in asymptomatic patients found to have STD's upon screening. Multiple sites may need to be tested such as the rectum, and pharynx. Trichomonas urethritis should be treated when detected even in asymptomatic patients. Symptoms may often be absent but when present in women may include dysuria, pruritis, and dyspareunia and when present in men may include urethritis, epididymitis, and prostatitis.‡

Are there any special considerations?

Regarding Trichomonas, treatment failure may occur due to emerging resistance. Reinfections are common, therefore, sexual partners should be screened. All sexual partners in the last 60 days should be treated. Sexual intercourse should be avoided until 7 days after treatment and asymptomatic. A 7-day treatment course is preferred over a single dose. All pregnant women should be screened for gonorrhoeae, as well as annual screening on women less than 25 years old who are sexually active.‡

How long should treatment last?

Regarding Gonorrhoeae, treatment with ceftriaxone is a one-time single dose. Treatment for Trichomonas with metronidazole is either a single increased dose or a lower dose over the course of 7 days. 7-day treatment is preferred. Tinidazole is a one-time dose.‡

What infection control should be implemented?

Consider resistance testing to determine infection control measures.‡

* 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.