

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

- Ureaplasma parvum
- **Escherichia coli**
- Ureaplasma urealyticum

Resistance Detected

Macrolide/Clindamycin

Tetracycline

Antimicrobial Resistance **ARKSCORE**

LO  4  HI

Allergies Reported

Penicillin

Drug Information

Trimethoprim-Sulfamethoxazole

Dosing Req Renal Hepatic

Side Effects Hyperkalemia

Interactions ACE inhibitors

Adverse Reaction **ARKSCORE**

LO  2  HI

Infection Complexity **ARKSCORE**

LOW  3  HIGH

ONECHOICE®

Trimethoprim-Sulfamethoxazole DS 1 tab PO BID x 3 days for possible acute UTI*

Alternative Treatment Options with Adverse Reaction ArkScore™

Fosfomycin **ARKSCORE 1** or nitrofurantoin **ARKSCORE 3** are possible options, although their activity is variable. Levofloxacin **ARKSCORE 5** is an option as well, but should be used with caution due to FDA warnings. Lastly, ertapenem IV **ARKSCORE 3** is a possible option as well. Carbapenems, like ertapenem, may have cross-reactions with penicillin allergies and it should be used with caution.‡

When should this be treated?

Asymptomatic bacteriuria does not typically need to be treated. 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?

Ureaplasma can be part of the normal urogenital flora, but can also be pathogenic. If concerned, treatment modification may be required. Multiple organisms detected may represent contamination or colonization. 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. Therefore, additional workup may be needed.‡

How long should treatment last?

Typically, a simple UTI can be treated in 3 days, as in cases of simple UTIs in women. In general, more complicated cases are treated for at least 5-7 days, while pyelonephritis may be treated as long as 14 days. Treatment duration may also depend on the antibiotic class and clinical correlation.‡

What infection control should be implemented?

MDROs 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.