XYZ DIAGNOSTICS

Antimicrobial Stewardship: Lab Result

Powered by ARKSTONE

Report ID	XXXXXXX	**Patient**	XXXXX, XXXXX	**DOB**	XX/XX/XXXX	**Collected**	XX/XX/XXXX
Specimen Type	Blood	**Facility**	XXXXXXXXX	**Resulted**	XX/XX/XXXX	**Received**	XX/XX/XXXX

ONECHOICE® PLUS
Dose adjustments, other drug options, references, translations and support

Infection Complexity ARKSCORE™

LO 2 HI

Organisms Detected

Common pathogens in bold

- **Escherichia coli**

Resistance Detected

Extended-Spectrum Beta-Lactamase

Antimicrobial Resistance ARKSCORE™

LO 3 HI

No Allergies Reported

ONECHOICE® FUSION

Ertapenem ARKSCORE 3 1 gm IV Q24H x 7-14 days for possible bacteremia *

Alternative Treatment Options with Adverse Reaction ArkScore™

- **Amikacin** ARKSCORE 5 15 to 30 mg/kg IV Q24H (then dosing interval based on pharmacokinetic evaluation) x 7-14 days (not typically used as monotherapy)
- **Cef/Sul** ARKSCORE 3 2-4 gm/day IV/IM in equally divided doses Q12H x 7-14 days (based on limited data, drug failure possible)

° Cef/Sul efficacy against E. coli is uncertain.

Why is this the OneChoice?

E. coli can be pathogenic when found in blood samples. Resistance genes were detected which may limit available treatment options. The recommended treatment is optimal as it targets all the concerning microbes. Amikacin should be used with caution, as other aminoglycosides were found to be resistant and therefore drug failure is possible. ‡

When should this be treated?

Bacteria in blood should always be treated when contamination is not of concern. The source of the bacteremia should be determined in order to assure the infection is treated adequately, as antibiotics may need to be tailored specifically to the source of the infection. For many microbes, de-escalation to oral antibiotics is not possible. The duration of treatment depends on the source of infection but is generally 7-14 days at a minimum and when complicated can extend for several weeks. ‡

Are there any special considerations?

As ESBL resistance is on the CDC threat list, tracking and monitoring may be indicated if possible. ESBL can be associated with other resistance genes. Antibiotics should therefore be used with caution as drug failure is possible. Blood cultures are typically positive in the presence of infection. However, false positives may occur due to contamination. Resistance detected may only affect certain microbes, and in some cases, none at all. ‡

Infection Control: ☑ Standard ☑ Contact

* 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. Visit OneChoice Plus for expanded information.

‡ For education purposes only. This is not a diagnosis. Clinical correlation and physician judgment 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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MEDSMATRIX™	1	2	3	4	5	6	7	8	9	10	11	12
Escherichia coli	R	R	R	R	R	S	S	S	R	?	S	R

S Susceptible | I Intermediate | ✓ Known activity based on current guidelines | ☑ Variable activity based on current guidelines

R Resistant | Resistance genes detected | Precluded by reported drug allergy | — No documented activity

1 Ceftriaxone

Dose Adj ☐ Renal ☑ Hepatic
Interactions Prevacid
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 2 HI

2 Cefotaxime

Dose Adj ☑ Renal ☐ Hepatic
Interactions None
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 1 HI

3 Ampicillin/Sulbactam

Dose Adj ☑ Renal ☐ Hepatic
Interactions Allopurinol
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 3 HI

4 Ceftazidime

Dose Adj ☑ Renal ☐ Hepatic
Interactions None
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 3 HI

5 Cefepime

Dose Adj ☑ Renal ☐ Hepatic
Interactions None
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 3 HI

6 Piperacillin/Tazobactam

Dose Adj ☑ Renal ☐ Hepatic
Interactions Methotrexate
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 4 HI

7 Ertapenem

Dose Adj ☑ Renal ☐ Hepatic
Interactions Valproic acid
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 3 HI

8 Meropenem

Dose Adj ☑ Renal ☐ Hepatic
Interactions Valproic acid
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 3 HI

9 Gentamicin

Dose Adj ☑ Renal ☐ Hepatic
Interactions Lasix/ NSAIDS
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 5 HI

10 Tobramycin

Dose Adj ☑ Renal ☐ Hepatic
Interactions Lasix/ NSAIDS
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 4 HI

11 Amikacin

Dose Adj ☑ Renal ☐ Hepatic
Interactions Lasix/NSAIDS
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 5 HI

12 Levofloxacin

Dose Adj ☑ Renal ☐ Hepatic
Interactions Cations
Avg Price $$$$
Adverse Reaction ARKSCORE™
LO 5 HI

Scan or click to visit **ONE**CHOICE® **PLUS** and see 3 additional treatment options online

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