

MyUTI Example Test Report



Laboratory Analysis Report

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

- **Enterococcus faecalis**
- Candida albicans
- **Proteus mirabilis**

Resistance Detected

Aminoglycoside

Bactrim/TMP-SMX

Macrolide, Clindamycin

Antimicrobial Resistance **ARKSCORE**

LO 4 HI

Allergies Reported

Macrolides

Drug Information

Amoxicillin Clavulanate

Dosing Req Renal Hepatic

Side Effects Rash

Interactions Allopurinol

Adverse Reaction **ARKSCORE**

LO 2 HI

Infection Complexity **ARKSCORE**

LOW 3 HIGH

ONECHOICE®

Amoxicillin Clavulanate 875/125 mg PO BID x 5 days for possible acute UTI*

Are there alternative treatments?

Fosfomycin (**ARKSCORE 1**) may be a possible option although the activity is variable. The combination of ciprofloxacin (**ARKSCORE 5**) with either ampicillin (**ARKSCORE 1**) or linezolid (**ARKSCORE 4**) may have activity. Linezolid is not FDA approved for UTIs (unclear efficacy). Piperacillin-tazobactam IV (**ARKSCORE 4**) is a possible option as well although not FDA approved for the treatment of UTIs and used off-label.‡

When should this be treated?

Asymptomatic bacteriuria need not be treated. Only patients with symptoms of a UTI need treatment. 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?

Patients may have urogenital colonization of microbes. Therefore, a positive specimen does not necessarily mean infection. Multiple organisms detected may represent contamination. Candida detected in polymicrobial urine specimens may not need treatment. 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. More complicated cases are treated for 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 measures should be implemented?

MDROs may need contact precautions in certain settings.‡



For more about this report, scan, click, or call 321-204-ARK-1

* 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. Copyright © 2021 Arkstone Medical Solutions. OneChoice and ArkScore are based on patent pending methods and algorithms. Learn more at arkstonemedical.com/report.