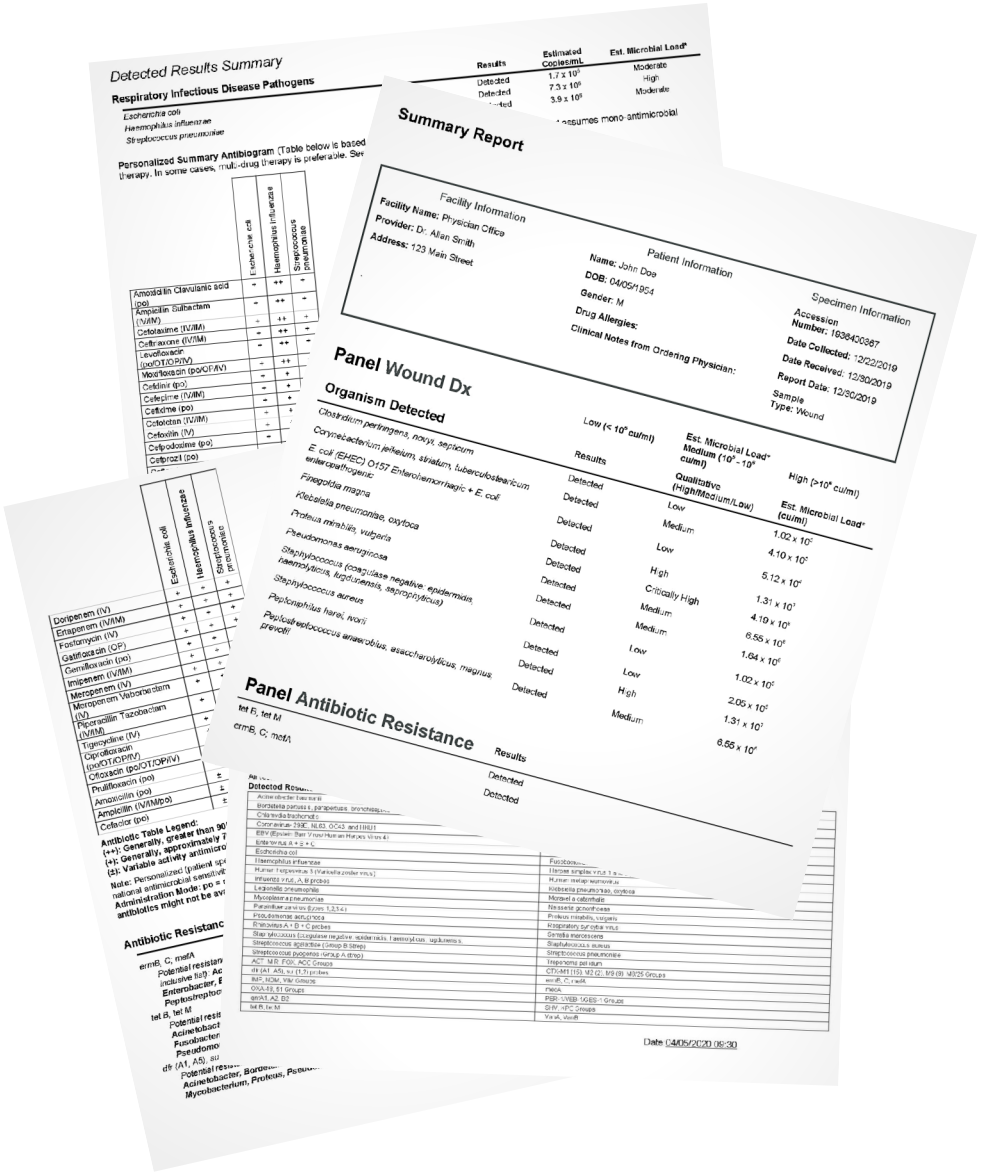
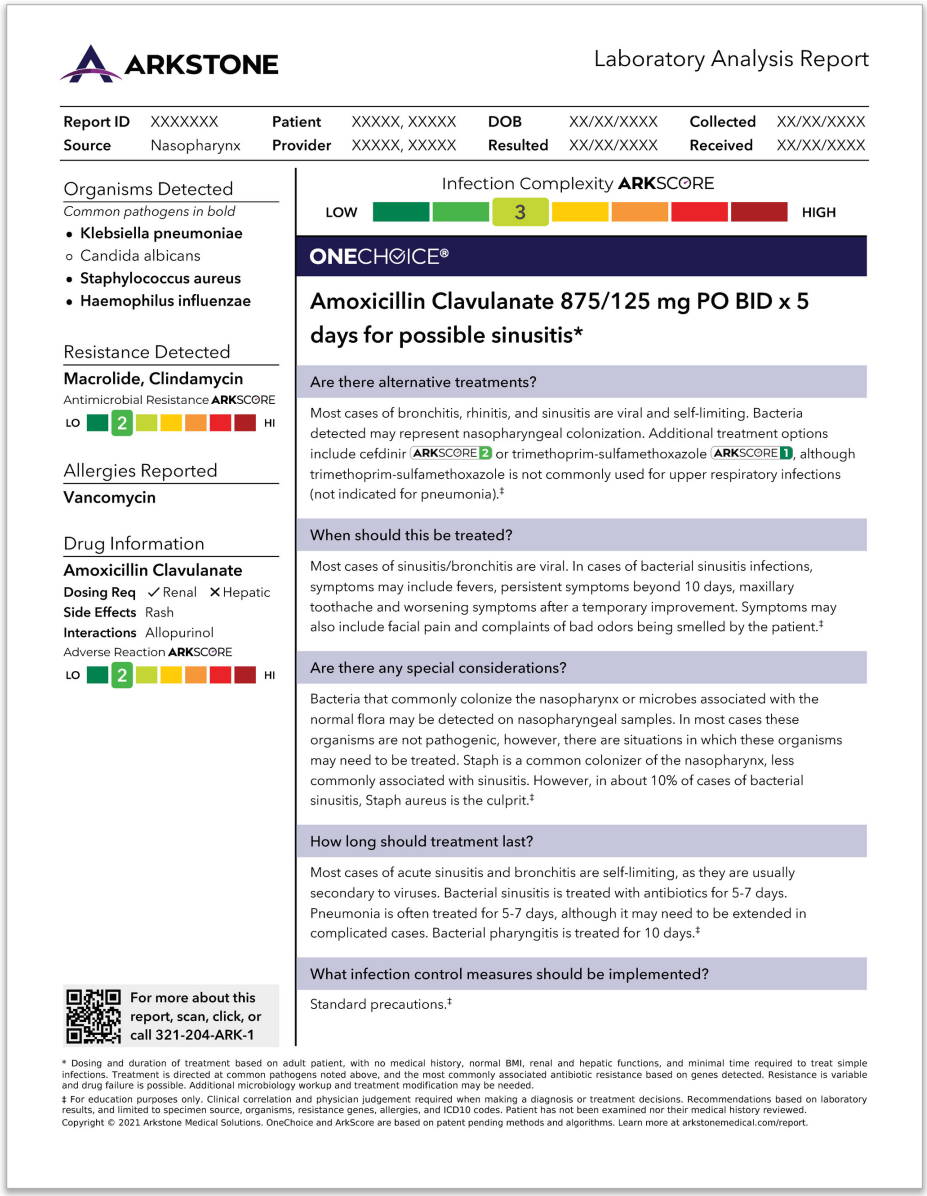
Complex Lab Results



Simple Interpretations



ARKSTONE

Laboratory Analysis Report

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

Organisms Detected

Common pathogens in bold

- **Klebsiella pneumoniae**
- Candida albicans
- **Staphylococcus aureus**
- **Haemophilus influenzae**

Resistance Detected

Macrolide, Clindamycin

Antimicrobial Resistance **ARK**SCORE

LO 2 HI

Allergies Reported

Vancomycin

Drug Information

Amoxicillin Clavulanate

Dosing Req ✓Renal ✕Hepatic

Side Effects Rash

Interactions Allopurinol

Adverse Reaction **ARK**SCORE

LO 2 HI

Infection Complexity **ARK**SCORE

LOW 3 HIGH

ONECHOICE®

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

Are there alternative treatments?

Most cases of bronchitis, rhinitis, and sinusitis are viral and self-limiting. Bacteria detected may represent nasopharyngeal colonization. Additional treatment options include cefdinir (ARKSCORE 2) or trimethoprim-sulfamethoxazole (ARKSCORE 1), although trimethoprim-sulfamethoxazole is not commonly used for upper respiratory infections (not indicated for pneumonia).‡

When should this be treated?

Most cases of sinusitis/bronchitis are viral. In cases of bacterial sinusitis infections, symptoms may include fevers, persistent symptoms beyond 10 days, maxillary toothache and worsening symptoms after a temporary improvement. Symptoms may also include facial pain and complaints of bad odors being smelled by the patient.‡

Are there any special considerations?

Bacteria that commonly colonize the nasopharynx or microbes associated with the normal flora may be detected on nasopharyngeal samples. In most cases these organisms are not pathogenic, however, there are situations in which these organisms may need to be treated. Staph is a common colonizer of the nasopharynx, less commonly associated with sinusitis. However, in about 10% of cases of bacterial sinusitis, Staph aureus is the culprit.‡

How long should treatment last?

Most cases of acute sinusitis and bronchitis are self-limiting, as they are usually secondary to viruses. Bacterial sinusitis is treated with antibiotics for 5-7 days. Pneumonia is often treated for 5-7 days, although it may need to be extended in complicated cases. Bacterial pharyngitis is treated for 10 days.‡

What infection control measures should be implemented?

Standard precautions.‡

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.

The Arkstone Report breaks down complicated lab results into easy to read interpretations and well-researched recommendations that maximize physician efficiency. Each report offers precision-guided medicine through our patent-pending **OneChoice™ Technology** and **ArkScore™ System** to help providers make informed decisions and helps them choose the right course of treatment.