

Report ID	XXXXXXX	Patient	XXXXXX, XXXXX	DOB	XX/XX/XXXX	Collected	XX/XX/XXXX
Specimen Type	Urine	Provider	XXXXXX, XXXXX	Resulted	XX/XX/XXXX	Received	XX/XX/XXXX

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



ONECHOICE®

Trimethoprim-Sulfamethoxazole **ARKSCORE 2** **DS 1 tab PO BID x 3 days for possible simple UTI *** See additional dosing info on OneChoice Plus

Infection Complexity **ARKSCORE™**
 LO **1** HI

Organisms Detected

Common pathogens in bold

- Escherichia coli**
- Klebsiella pneumoniae**

Allergies Reported

Macrobid (Nitrofurantoin)

Alternative Treatment Options with Adverse Reaction ArkScore™

- Cephalexin°** **ARKSCORE 1** 250-500 mg PO QID x 5 days for possible simple UTI
- Fosfomycin°** **ARKSCORE 1** 3 gm PO x 1 dose for possible simple UTI
- Amox/Clav** **ARKSCORE 2** 500/125 mg PO BID x 5-7 days for possible simple UTI
- Ceftriaxone** **ARKSCORE 2** 1-2 gm IV/IM daily x 5-14 days for possible complicated UTI
- AMP/SUL°** **ARKSCORE 3** 3 gm (2 gm amp/1 gm sulb) IV Q6H x 7 days for possible complicated UTI

° See additional dosing info on OneChoice Plus. Cephalexin efficacy against Klebsiella pneumoniae and E. coli is uncertain. Fosfomycin efficacy against Klebsiella pneumoniae is uncertain.

Why is this the OneChoice?

E. coli and Klebsiella pneumoniae can be pathogenic when found in urine samples. The patient's nitrofurantoin allergy precludes the use of some options. ‡

When should this be treated?

Asymptomatic bacteriuria does not typically need treatment, and microbe detection may not indicate infection. However, treatment may be necessary during pregnancy or prior to urological procedures. Simple UTIs are typically treated for 3 days (fluoroquinolones/TMP-SMX), or 5 days (beta-lactams). In more complicated cases therapy may be extended to 7-14 days. STI treatment is specific to the microbe being treated and antimicrobial being used. ‡

Are there any special considerations?

Patients may have colonized microbes, so a positive specimen does not necessarily mean infection. However, normal urogenital flora may be pathogenic at times. ‡

- S Susceptibility shown during testing
- I Intermediate effectiveness shown
- R Likely to fail due to resistance
- ? Activity possible (not tested)
- ? Variable activity possible (not tested)
- H Precluded by reported allergy
- QID Adjust dosage for renal function
- L Adjust dosage for hepatic function
- + May require assistance to administer
- + See OneChoice Plus for more

Infection Control: ☒ Standard

MDSMATRIX™		1	2	3	4	5	6	7	8	9	10
Escherichia coli	> 3x10 ⁶ cfu/g	S	S H	S	S	S	S	R	R	S	S
Klebsiella pneumoniae	≥ 10 ⁸ cfu/L	S	S H	S	S	I	S	R	R	S	S
Drug Key		1. TMP-SMX QID	2. Macrobid QID	3. Fosfomycin QID	4. Cephalexin QID	5. Amox/Clav QID	6. Cefixime QID	7. Cipro QID	8. Levofloxacin QID	9. Ceftriaxone + L	10. AMP/SUL + QID

* 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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