SAMPLE LAB

Name: Sample patient
DOB: 1/1/1965 (60 years)
Gender: Male
Facility: Sample Medical Facility
Provider: Sample Healthcare Provider
Allergies/Notes: Aminoglycosides

Panel: Wound

Sample ID: 987654
Collection Date: 7/22/2025
Reported Date: 7/23/2025
Specimen Type/Location: Swab, R Leg

DETECTED PATHOGENS

Klebsiella pneumoniae	**Detected - High**	**> 10^6 copies/µL**	Gram-negative organism(s), may be responsible for skin and soft tissue infections (SSTIs). More frequently implicated in chronic wounds and diabetic/immunocompromised patients.
Staphylococcus aureus (MSSA)	**Detected - Medium**	**10^4-10^6 copies/µL**	Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).
Staphylococcus epidermidis	**Detected - Low**	**< 10^4 copies/µL**	Gram-positive organism(s), most likely normal skin flora. Treatment generally not warranted. Consider further work up and treatment for CoNS if detected in the setting of surgical site infections, implant/prosthetic related infections, or severe immunosuppression/ nosocomial infections.

DETECTED RESISTANCE GENES

tetA	**Detected - Medium**	Confers resistance to tetracyclines. Expressed by select gram-negative organisms only.

PHARMD TREATMENT CONSIDERATIONS

Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.

Medication	Dose/Duration	Renal Adjustment	Considerations
Amoxicillin/Clavulanic acid (Augmentin)	875/125 mg PO BID x 7-14 d	CrCl 10-30 mL/min: 500 mg amoxicillin component every 12 hrs CrCl < 10 mL/min: 500 mg amoxicillin component every 24 hrs	**Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)** • $23-32 for 14 day course † • Avoid in PCN allergy
OR			
Cefdinir (Omnicef)	300 mg PO BID x 7-14 d	CrCl < 30 mL/min: 300 mg PO daily	**Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)** • $25-42 for 14 day course † • Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN
OR			
Cefpodoxime (Vantin)	400 mg PO BID x 7-14 d	CrCl < 30 mL/min: 400 mg PO daily	**Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)** • $70-129 for 14 day course † • Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN
OR			
TMP/SMX (Bactrim, Septra)	160/800 mg 1-2 tabs PO BID x 7-14 d	CrCl 15-30 mL/min: Reduce dose by 50% CrCl < 15 mL/min: Use not recommended	**Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)** • $14-24 for 14 day course † • May cause hyperkalemia (consider obtaining BMP/CBC for longer tx durations) • Avoid in sulfa allergy
OR			
Levofloxacin (Levaquin)	750 mg PO daily x 7-14 d	CrCl 20-49 mL/min: 750 mg	**Coverage for: Klebsiella pneumoniae,**

Medication	Dose/Duration	Renal Adjustment	Considerations
		PO every other day CrCl 10-19 mL/min: 750 mg PO once followed by 500 mg PO every other day	**Staphylococcus aureus (MSSA)*** • $19-24 for 14 day course † • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis

* Displays variable activity vs pathogen
† Based on available online coupons

Additional Considerations

Duration of treatment for bacterial SSTIs generally ranges from 7-14 d. Longer durations may be considered in patients with severe disease or with insufficient clinical response. Diabetic infections of lower extremities may be treated for up to 2-4 weeks. In addition, wounds should be evaluated for bone involvement (e.g. osteomyelitis); which likely warrants systemic therapy along with surgical management. **Topical gentamicin 0.1% cream and/or mupirocin 2% ointment may be added for gram-negative and gram-positive pathogens, respectively.**

Reviewed by: John PharmD (PS12345) Date: 7/23/2025