

DETECTED PATHOGENS

Klebsiella pneumoniae	Detected - High	$> 10^6$ copies/ μ L	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/ μ L	Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).
Staphylococcus epidermidis	Detected - Low	$< 10^4$ copies/ μ L	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.
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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: <i>Klebsiella pneumoniae</i>, <i>Staphylococcus aureus</i> (MSSA) <ul style="list-style-type: none">• \$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: <i>Klebsiella pneumoniae</i>, <i>Staphylococcus aureus</i> (MSSA) <ul style="list-style-type: none">• \$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: <i>Klebsiella pneumoniae</i>, <i>Staphylococcus aureus</i> (MSSA) <ul style="list-style-type: none">• \$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: <i>Klebsiella pneumoniae</i>, <i>Staphylococcus aureus</i> (MSSA) <ul style="list-style-type: none">• \$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: <i>Klebsiella pneumoniae</i>,

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)

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The following regimen(s) are based on generally accepted and peer-reviewed antimicrobial activity of specific agents against detected pathogens, resistance genes, and presumed diagnosis based on specimen source and resulting pathogens. Antimicrobial activity and efficacy of agents for treatment of detected pathogens is not guaranteed. Medication selection, dosages, durations, and considerations are in congruence with clinical practice guidelines (IDSA, CDC, AAP, etc), when guidance is available. Additional patient factors including but not limited to HPI, comorbidities, concomitant medications, etc. should be carefully evaluated in conjunction with listed treatment considerations. Clinical correlation and appropriate medical judgment is warranted prior to prescribing a course of treatment.



Have a question about a report? Scan the QR code to chat with a pharmacist or call 904-618-3554.

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