

## DETECTED PATHOGENS

<b>Coagulase-negative staphylococcus (CoNS)</b>	<b>Detected - Low</b>	<b>&lt; 10<sup>4</sup> copies/μL</b>	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.
<b>Klebsiella pneumoniae</b>	<b>Detected - Medium</b>	<b>10<sup>4</sup>-10<sup>5</sup> copies/μL</b>	Gram-negative organism(s), may be responsible for skin and soft tissue infections (SSTIs). More frequently implicated in chronic wounds and diabetic/immunocompromised patients.
<b>Staphylococcus aureus (MSSA)</b>	<b>Detected - High</b>	<b>&gt; 10<sup>6</sup> copies/μL</b>	Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).

## DETECTED RESISTANCE GENES

<b>ErmA</b>	<b>Detected - Low</b>	Confers resistance to macrolides, lincosamides (clindamycin), and streptogramins. Expressed primarily by gram-positive organisms; very rarely associated with gram-negative organisms.
<b>tetA</b>	<b>Detected - High</b>	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	<b>Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)</b> <ul style="list-style-type: none"> <li>• \$16-29 for 14 day course †</li> <li>• Avoid in PCN allergy</li> </ul>
<b>OR</b>			
Cefdinir (Omnicef)	300 mg PO BID x 7-14 d	CrCl < 30 mL/min: 300 mg PO daily	<b>Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)</b> <ul style="list-style-type: none"> <li>• \$25-42 for 14 day course †</li> <li>• Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN</li> </ul>
<b>OR</b>			
Cefpodoxime (Vantin)	400 mg PO BID x 7-14 d	CrCl < 30 mL/min: 400 mg PO daily	<b>Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)</b> <ul style="list-style-type: none"> <li>• \$70-129 for 14 day course †</li> <li>• Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN</li> </ul>
<b>OR</b>			
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	<b>Coverage for: Klebsiella pneumoniae, Staphylococcus aureus (MSSA)</b> <ul style="list-style-type: none"> <li>• \$14-24 for 14 day course †</li> <li>• May cause hyperkalemia (caution with ACEi, ARBs, ARAs)</li> <li>• Avoid in sulfa allergy</li> </ul>
<b>OR</b>			
Levofloxacin (Levaquin)	750 mg PO daily x 7-14 d	CrCl 20-49 mL/min: 750 mg	<b>Coverage for: Klebsiella pneumoniae,</b>

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	<b>Staphylococcus aureus (MSSA)*</b> <ul style="list-style-type: none"> <li>• \$19-24 for 14 day course †</li> <li>• FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis</li> </ul>

\* 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.



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