SAMPLE LAB
OF YOUR CHOICE

In partnership with CHOICEPHARMD

Name:
DOB:
Gender:
Facility:
Provider:

Allergies/Notes:

Panel: Urine

Sample ID:
Collection Date:
Reported Date:

DETECTED PATHOGENS

Klebsiella pneumoniae	**Detected - High**	**>10^6 copies/mL**	*Gram-negative organism(s), may be responsible for urinary tract infection.*

DETECTED RESISTANCE GENES

sul1	**Detected**	*Confers resistance to TMP/SMX. Expressed only by gram-negative organisms.*

PHARMD TREATMENT CONSIDERATIONS

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

Medication	Dose/Duration	Renal Adjustment	Considerations
Nitrofurantoin (Macrobid)	**Cystitis:** 100 mg PO BID x 5 d (7 d for complicated cystitis) **Pyelonephritis:** Avoid use	Avoid use in pts with CrCl < 30 mL/min	**Coverage for: Klebsiella pneumoniae** • $16-21 for 7 day course (coupon pricing)
OR			
Fosfomycin (Monurol)	**Cystitis:** 3 g PO x 1 dose (x 3 doses every 48-72 hrs for complicated cystitis) **Pyelonephritis:** Avoid use	None	**Coverage for: Klebsiella pneumoniae** • $31-51 for treatment course (coupon pricing) • May repeat dosing every 48-72 hrs up to a total of 1-3 doses
OR			
Cefdinir (Omnicef)	**Cystitis:** 300 mg PO BID x 5 d (7 d for complicated cystitis) **Pyelonephritis:** 300 mg PO BID x 10-14 d (following Ceftriaxone 1 g IV/IM once)	CrCl < 30 mL/min: 300 mg PO daily	**Coverage for: Klebsiella pneumoniae** • $17-26 for 7 day course (coupon pricing) • Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN
OR			
Ciprofloxacin (Cipro)	**Cystitis:** 500 mg PO BID x 3 d (5-7 d for complicated cystitis) **Pyelonephritis:** 500 mg PO BID x 7-10 d	CrCl 30-50 mL/min: 250-500 mg PO every 12 hrs Crcl 5-29 mL/min: 250-500 mg PO every 18-24 hrs	**Coverage for: Klebsiella pneumoniae** • $13-18 for 5 day course (coupon pricing) • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis

Additional Considerations

Complicating factors include: Male patients, pregnant women, obstruction, immunosuppression, renal failure, renal transplantation, urinary retention from neurologic disease, uncontrolled diabetes, and individuals with risk factors that predispose to persistent or relapsing infection (e.g., calculi, indwelling catheters or other drainage devices). For males in which acute prostatitis is suspected, fluoroquinolones and TMP/SMX are preferred due to reliable penetration of prostatic tissue.

Reviewed by: Max Dudenkov, PharmD (PS57804) Date: 10/16/2024

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.

Powered by: CHOICEPHARMD

Disclaimer: Treatment considerations and therapeutic guidance is generated by ChoicePharmD, LLC and is not affiliated with the testing laboratory.

Urine Panel

Collection: Urine Vacutainer

Signs/Symptoms

- Dysuria
- Urinary frequency
- Urinary urgency
- Suprapubic pain
- Hematuria
- Urinary discharge
- Flank pain
- Fever/Chills
- Malaise
- Nausea/Vomiting
- Altered mental status
- Costovertebral angle tenderness

Diagnoses

- Cystitis
- Complicated cystitis
- Pyelonephritis
- Prostatitis
- Urethritis
- Epididymitis
- Endometritis
- Salpingitis

Common ICD-10 codes

B37.31	R39.0
N39.0	R35.0
R30.0	R53.83
R31.9	R31.0
R39.15	L29.2
Z87.440	Z11.2
R82.90	Z12. 6
R39.12	Z16.24

Tested Pathogens:

Core Pathogens

Bacterial:

Citrobacter freundii
Enterobacter aerogenes
Enterobacter cloacae
Enterococcus faecalis
Escherichia coli
Klebsiella oxytoca
Klebsiella pneumoniae
Morganella morganii
Proteus mirabilis
Providencia stuartii
Pseudomonas aeruginosa
Serratia marcescens
Staphylococcus aureus
Staphylococcus saprophyticus
Streptococcus agalactiae (Group B)

Fungal:

Candida albicans

Additional Pathogens

Bacterial:

Acinetobacter baumannii
Actinobaculum schaalii
Aerococcus urinae
Alloscardovia omnicolens
Bacteroides Fragilis
Citrobacter koseri
Clostridium perfringens
Coag-negative staphylococcus
Corynebacterium riegelii
Enterococcus faecium
Fusobacterium Nucleatum, Necrophorum
Moraxella catarrhalis
Mycoplasma genitalium
Mycoplasma hominis
Pantoea agglomerans
Peptostreptococcus anaerobius
Prevotella Bivia, Loescheii
Proteus vulgaris
Staphylococcus epidermidis
Stenotrophomonas Maltophilia
Streptococcus dysgalactiae (Group G)
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)
Ureaplasma parvum
Ureaplasma urealyticum
Viridans Group Strep

Fungal:

Candida auris
Candida glabrata
Candida krusei
Candida parapsilosis
Candida tropicalis

Defined as pathogens most commonly detected and most likely to be clinically significant for panel type. Medical literature (IDSA, Johns Hopkins Abx guide, CDC) along with clinical discretion was utilized to determine core pathogen lists.

***Pathogens and lab options vary by patient insurance availability.**