

Name: DOB: Gender: Facility: Provider:

Panel: Wound
Sample ID:
Collection Date:
Reported Date:

Allergies/Notes:

DETECTED PATHOGENS

Enterococcus faecalis

Detected - Low

<10⁴ copies/mL

Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).

Staphylococcus aureus (MRSA)

Detected - High

>10⁶ copies/mL

DETECTED RESISTANCE GENES

Erythromycin Resistance Methylase A,C (ErmA, ErmC (Pool)) **Detected**

Confers resistance to macrolides, linacosamides (clindamycin), and streptogramins. Expressed primarily by gram-positive organisms; very rarely associated with gram-negative organisms.

mecA

Detected

Confers resistance to penicillins, penicillin-BLI combinations, cephalosporins, carbapenems. Expressed only by staphylococcus spp.

PHARMD TREATMENT CONSIDERATIONS

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

Medication	Dose/Duration	Renal Adjustment	Considerations
Linezolid (Zyvox)	600 mg PO BID x 7-14 d	None	Coverage for: Enterococcus faecalis, Staphylococcus aureus (MRSA) • \$52-70 for 14 day course (coupon pricing) • Increased risk of serotonin syndrome with concomitant use of serotonergic agents
OR			
Doxycycline (Vibramycin)	100 mg PO BID x 7-14 d	None	Coverage for: Enterococcus faecalis*, Staphylococcus aureus (MRSA) • \$10-26 for 14 day course (coupon pricing) • Take 2 hrs before or 6 hrs after taking antacids, calcium supplements, magnesium, or iron containing products
OR			
Minocycline (Minocin)	100 mg PO BID x 7-14 d	Do not exceed 200 mg/day in pts with renal impairment	Coverage for: Enterococcus faecalis*, Staphylococcus aureus (MRSA) • \$20-29 for 14 day course (coupon pricing) • Take 2 hrs before or 6 hrs after taking antacids, calcium supplements, magnesium, or iron containing products

^{*} Displays variable activity vs pathogen

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

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.





Wound Panel

Collection: Wound swab, dry tissue specimen

Necrotizing fasciitis

Fournier gangrene

Gas gangrene

Tinea infections

Signs/Symptoms

Diagnoses

Common ICD-10 codes

Warmth Redness Swelling Edema Purulence Ulceration Skin and soft tissue infection Abscess Carbuncle Furuncle Impetigo

Water exposure illness Diabetic foot ulcer Surgical site infection Bites (animal, human) Ecthyma

L89.893 E13.621 Z86.31 L01.01 N76.4 L90.5 S01.80XD LO2.11 L02.612 L02.212 S91.109D 1 03 032 L03.119 T14.8XXA L03.90 L08.9 B37.2 LO3.115 L30.9 L02.91 L03.116 L81.4 L97.512

L98.9

Tested Pathogens:

Core Pathogens

Bacterial:

Acinetobacter baumannii **Bacteroides Fragilis** Citrobacter freundii Enterobacter aerogenes Enterobacter cloacae Enterococcus faecalis

Enterococcus faecium Escherichia coli Klebsiella oxytoca Klebsiella pneumoniae Morganella morganii **Proteus mirabilis**

Proteus vulgaris Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus Streptococcus agalactiae (Group B) Streptococcus pyogenes (Group A)

L85.3

Additional Pathogens

Bartonella henselae

Bacterial:

Burkholderia cepacia, pseudomallei Clostridium novyi Clostridium perfringens Clostridium septicum Coagulase-negative staphylococcus (CoNS) Corynebacterium spp Cutibacterium (Propionibacterium) Finegoldia magna Fusobacterium Nucleatum, Necrophorum Haemophilus influenzae Mycobacterium Fortuitum, Abscessus, Chelonae

Mycoplasma hominis Pasteurella Multicida Peptoniphilus spp Peptoniphilus asaccharolyticus

Peptoniphilus harei

Peptostreptococcus anaerobius

Prevotella bivia Providencia stuartii

Staphylococcus epidermidis Staphylococcus haemolyticus Staphylococcus lugdunensis Stenotrophomonas maltophilia Streptococcus anginosus

Streptococcus pneumoniae Vibrio parahaemolyticus

Vibrio vulnificus

Fungal:

Aspergillus spp Candida Albicans Candida auris Candida Glabrata Candida Krusei Candida Parapsilosis **Candida Tropicalis** Fusarium solani

Viral:

Herpes simplex virus (HSV1) Herpes simplex virus (HSV2) Human herpesvirus 3 (HHV3) VZV

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.