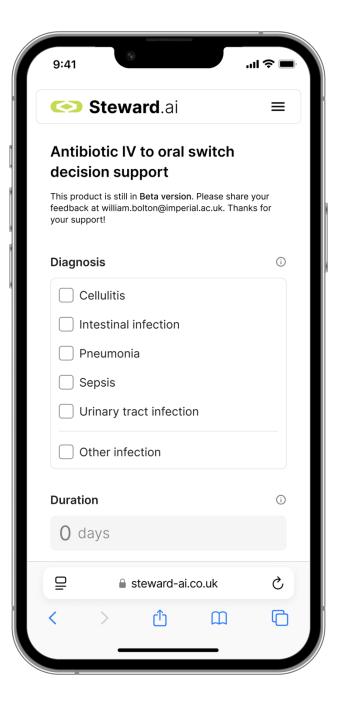


Empowering Clinicians for Precision Antibiotic Therapy





Immunocompromised Status Rifampicin 300 mg orally twice daily Local Antibiogram Data Respiratory Rate Recent Surgery Renal Impairment Amoxicillin 500 n rally three times daily Steward.ai Levofloxacin 500 mg orally once daily Recent Hospitalization Clindamycin 600 mg intravenously three times daily Severity of Illness Diagnosis / Suspected Site of Infection Ciprofloxacin 500 mg orally twice daily Heart Rate Duration of Therapy **Blood Pressure** Nitrofurantoin 100 mg orally four times daily **Duration of Symptoms** Rifampicin 600 mg orally once daily Oxygen Saturation Cefalexin 500 mg orally three times daily Urea **Current Medications** Likely Pathogens Pharmacokinetics C-Reactive Protein Gentamicin 5–7 mg/kg intravenously once daily Clarithromycin 500 mg intravenously twice daily White Blood Cell Count Neutropenia Weight Vancomycin 15 mg/kg intravenously every 12 hours Ciprofloxacin 500 mg orally twice daily Neutrophil Count Neutrophil-to-Lymphocyte Ratio Linezolid 600 mg intravenously twice daily National Clinical Guidelines Age Flucloxacillin 1 g intravenously four times daily Lactate Potassium Creatinine Azithromycin 500 mg orally once daily **Drug Allergies** Glomerular Filtration Rate Outbreaks floxacin 400 mg intravenously twice daily Local Antimicrobial Resistance Patterns amoxiclay 625 mg orally three times daily History of Previous Colonization with Resistant Organisms ole 400 mg orally three times daily Alanine Transaminase Absorption S leropenem 1 g intravenously every 8 hours History of Previous Infections Co-morbidities acin 500 mg intravenously once daily Aspartate Transaminase Alkaline Phosphatase Local Clinical Trimethoprim 200 mg orally twice daily Microbiology Culture Results once daily Clarithromycin 500 mg orally twice daily Doxycycline 100 mg ora Bilirubin Recent Hospitalizations Linezolid 600 mg orally twice daily Co-amoxiclay 1.2 gintravenously every 8 hours Travel History Sodium Radiological Findings Cefuroxime 500 mg orally twice daily **Drug Cost** Flucloxacillin 500 mg orally four times daily Doxycycline 100 mg orally twice daily **Public Health Alerts** Antibiotic Sensitivity Results Pregnancy Status tyonidazole 500 mg intravenously three times daily **Prescribing Restrictions** Gram Stain Result Pharmacodynamics Piperacillin-Tazobactam 4.5 g intravenously every 8 hours Recent Antibiotic Use PCR or Antigen Detection Results Ciprofloxacin 750 mg orally twice daily Doxycycline 100 mg orally twice daily

Immunocompromised Status Local Antibiogram Data Rifampicin 300 mg orally twice daily Respiratory Rate Recent Surgery Renal Impairment Amoxicillin 500 r rally three times daily **Steward**.ai Levofloxacin 500 mg orally once daily Recent Hospitalization Clindamycin 600 mg intravenously three times daily Severity of Illness Diagnosis / Suspected Site of Infection Ciprofloxacin 500 mg orally twice daily Heart Rate Duration of Therapy **Blood Pressure** Nitrofurantoin 100 mg orally four times daily **Duration of Symptoms** Rifampicin 600 mg orally once daily Oxygen Saturation Cefalexin 500 mg orally three times daily Urea **Current Medications** Likely Pathogens Pharmacokinetics C-Reactive Protein Gentamicin 5–7 mg/kg intravenously once daily Clarithromycin 500 mg intravenously twice daily White Blood Cell Count Neutropenia Weight Vancomycin 15 mg/kg intravenously every 12 hours Ciprofloxacin 500 mg orally twice daily Neutrophil Count Neutrophil-to-Lymphocyte Ratio Linezolid 600 mg intravenously twice daily National Clinical Guidelines Age Flucloxacillin 1 g intravenously four times daily Lactate Potassium Creatinine Azithromycin 500 mg orally once daily **Drug Allergies** Glomerular Filtration Rate Outbreaks floxacin 400 mg intravenously twice daily Local Antimicrobial Resistance Patterns amoxiclay 625 mg orally three times daily History of Previous Colonization with Resistant Organisms ole 400 mg orally three times daily Alanine Transaminase Absorption S leropenem 1 g intravenously every 8 hours Co-morbidities History of Previous Infections ofloxacin 500 mg intravenously once daily calcitonin Levo Aspartate Transaminase Alkaline Phosphatase Local Clinical (Trimethoprim 200 mg orally twice daily Microbiology Culture Results Doxycycline 100 mg orally once daily Clarithromycin 500 mg orally twice daily Bilirubin Recent Hospitalizations Co-amoxiclav 1.2 g intravenously every 8 hours Linezolid 600 mg orally twice daily Travel History Sodium Radiological Findings Cefuroxime 500 mg orally twice daily **Drug Cost** Flucloxacillin 500 mg orally four times daily Doxycycline 100 mg orally twice daily Public Health Alerts Antibiotic Sensitivity Results Pregnancy Status let/onidazole 500 mg intravenously three times daily Prescribing Restrictions Gram Stain Result Pharmacodynamics Piperacillin-Tazobactam 4.5 g intravendusly every 8 hours Recent Antibiotic Use PCR or Antigen Detection Results Ciprofloxacin 750 mg orally twice daily Doxycycline 100 mg orally twice daily

Immunocompromised Status Local Antibiogram Data Rifampicin 300 mg orally twice daily Respiratory Rate Recent Surgery Renal Impairment Amoxicillin 500 r brally three times daily **Steward**.ai Levofloxacin 500 mg orally once daily Recent Hospitalization Clindamycin 600 mg intravenously three times daily Severity of Illness Diagnosis / Suspected Site of Infection Ciprofloxacin 500 mg orally twice daily Heart Rate Duration of Therapy **Blood Pressure** Nitrofurantoin 100 mg orally four times daily **Duration of Symptoms** Rifampicin 600 mg orally once daily Oxygen Saturation Cefalexin 500 mg orally three times daily Urea **Current Medications** Likely Pathogens Pharmacokinetics C-Reactive Protein Gentamicin 5–7 mg/kg intravenously once daily Clarithromycin 500 mg intravenously twice daily White Blood Cell Count Neutropenia Weight Vancomycin 15 mg/kg intravenously every 12 hours Ciprofloxacin 500 mg orally twice daily Neutrophil Count Neutrophil-to-Lymphocyte Ratio Linezolid 600 mg intravenously twice daily National Clinical Guidelines Age Flucloxacillin 1 g intravenously four times daily Lactate Potassium Creatinine Azithromycin 500 mg orally once daily **Drug Allergies** Glomerular Filtration Rate Outbreaks floxacin 400 mg intravenously twice daily Local Antimicrobial Resistance Patterns amoxiclay 625 mg orally three times daily History of Previous Colonization with Resistant Organisms ole 400 mg orally three times daily Alanine Transaminase Absorption S Meropenem 1 g intravenously every 8 hours Co-morbidities History of Previous Infections ofloxacin 500 mg intravenously once daily calcitonin Levo Aspartate Transaminase Alkaline Phosphatase Local Clinical (Trimethoprim 200 mg orally twice daily Microbiology Culture Results Doxycycline 100 mg orally once daily Clarithromycin 500 mg orally twice daily Bilirubin Recent Hospitalizations Co-amoxiclav 1.2 g intravenously every 8 hours Linezolid 600 mg orally twice daily Travel History Sodium Radiological Findings Cefuroxime 500 mg orally twice daily **Drug Cost** Flucloxacillin 500 mg orally four times daily Doxycycline 100 mg orally twice daily Public Health Alerts **Antibiotic Sensitivity Results** Pregnancy Status let/onidazole 500 mg intravenously three times daily Prescribing Restrictions Gram Stain Result Pharmacodynamics Piperacillin-Tazobactam 4.5 g intravendusly every 8 hours Recent Antibiotic Use PCR or Antigen Detection Results Ciprofloxacin 750 mg orally twice daily Doxycycline 100 mg orally twice daily



Antimicrobial resistance



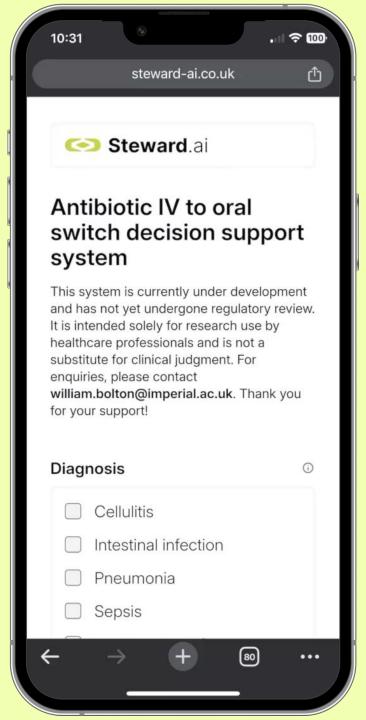
Costs the NHS £230 million a year



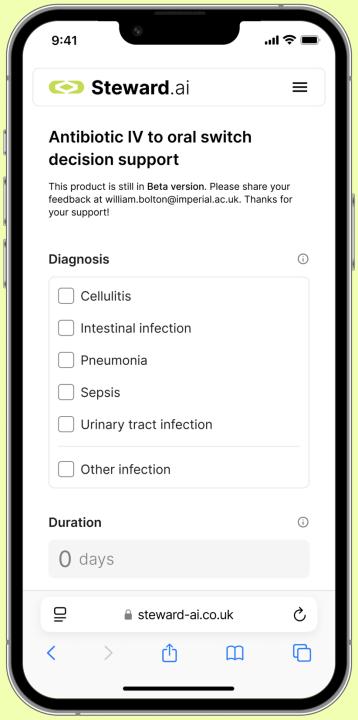
5 deaths an hour in the UK



>30% of antibiotic prescriptions are inappropriate











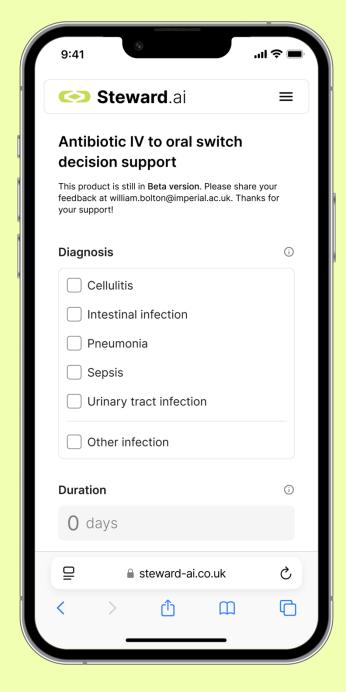


Simple and easy to use

Explainable, safeguarded Al

Robust clinical evaluation

Save hospitals money







Commercial partnerships and technology licenses



Medical apps



Electronic health record providers







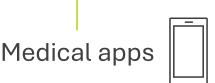














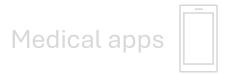




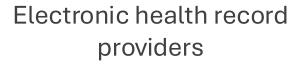


Commercial partnerships and technology licenses































Commercial partnerships and technology licenses







Electronic health record providers























Dr William Bolton

BSc MPhil PhD

Al for Healthcare



IMPERIAL









Professor Pantelis Georgiou



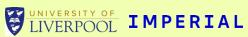
Medical technology founder

IMPERIAL protondx

Professor Alison Holmes



Antimicrobial resistance leader







Dr Timothy Rawson



Infectious diseases consultant









Technology developed

Published in leading academic journals

nature communications

nature machine intelligence











Product and business development

Spoken to 50+ clinicians











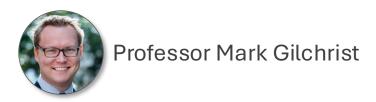




Prospective pilot

Real-world validation









Multi-center clinical trial

£500k for regulatory approval



Join us to Tackle Antimicrobial Resistance
Through Precision Antibiotic Therapy

Dr William Bolton

Try it out for yourself!



