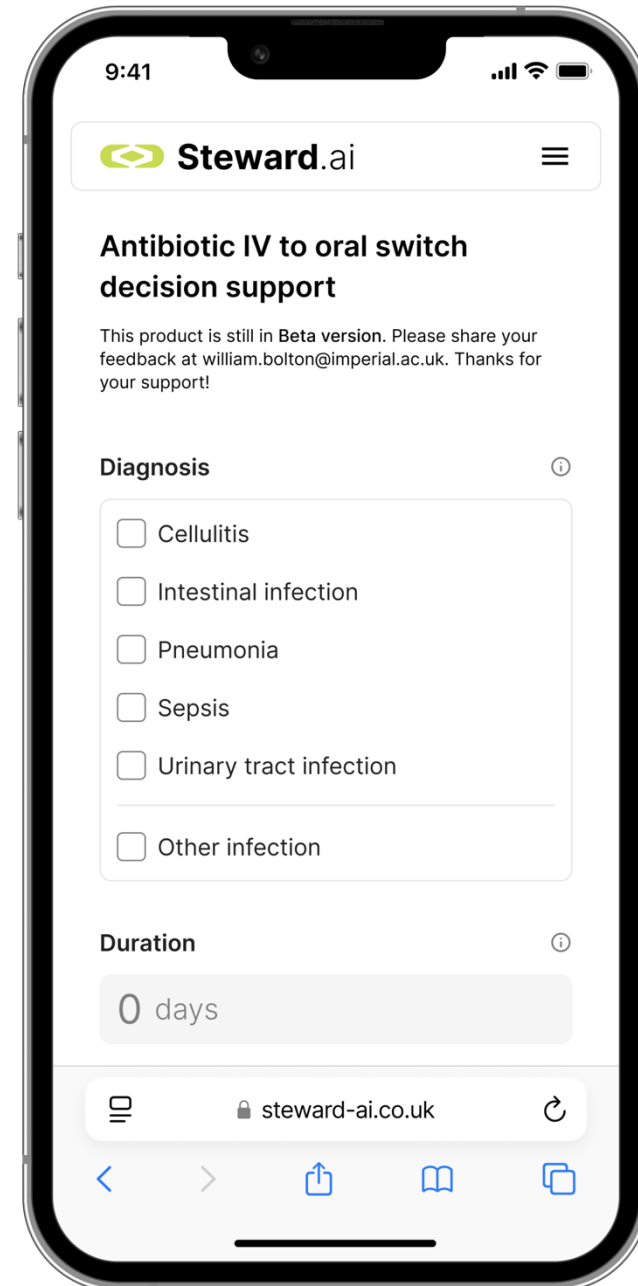
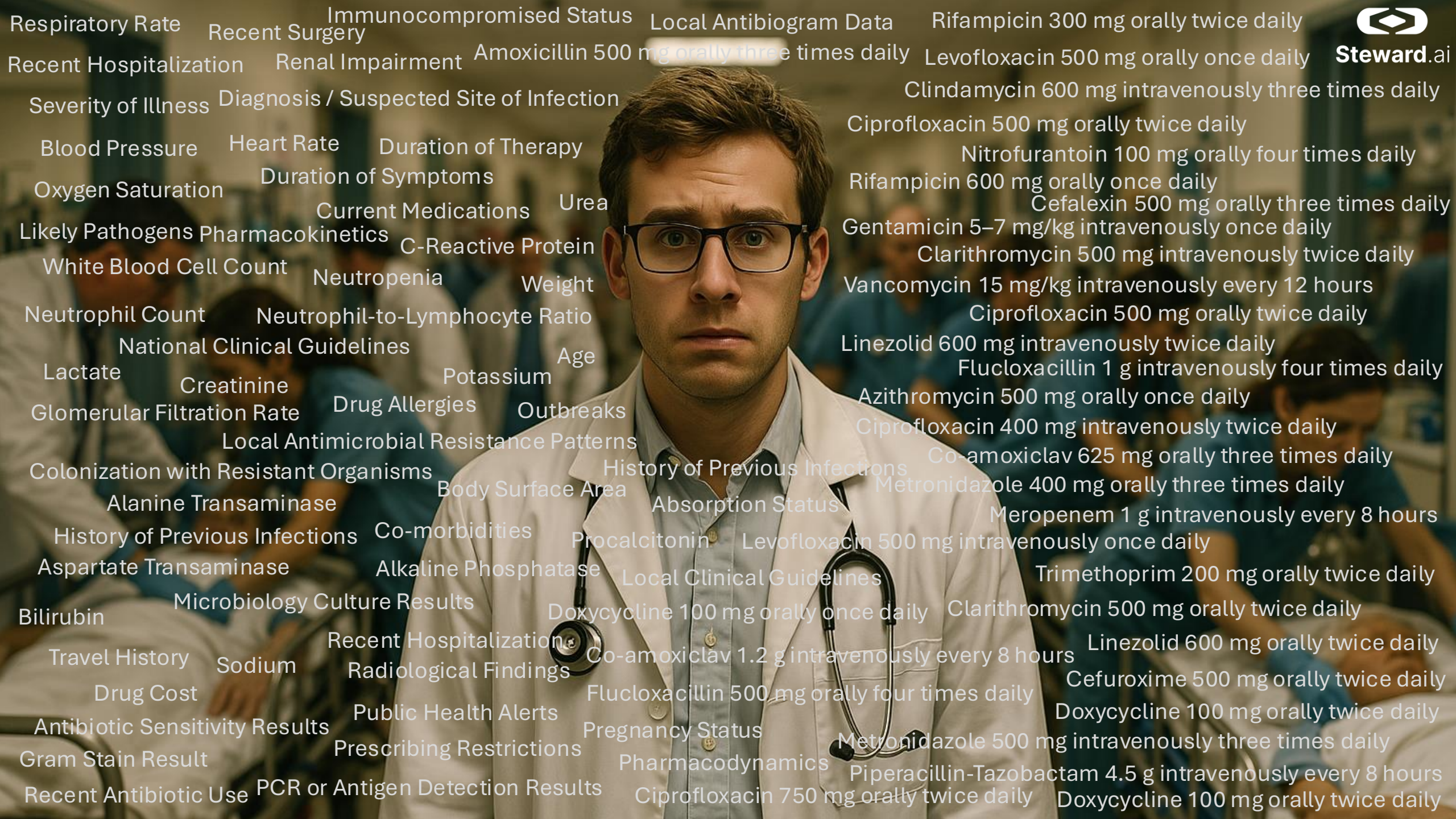




Empowering Clinicians Towards
Precision Antibiotic Therapy







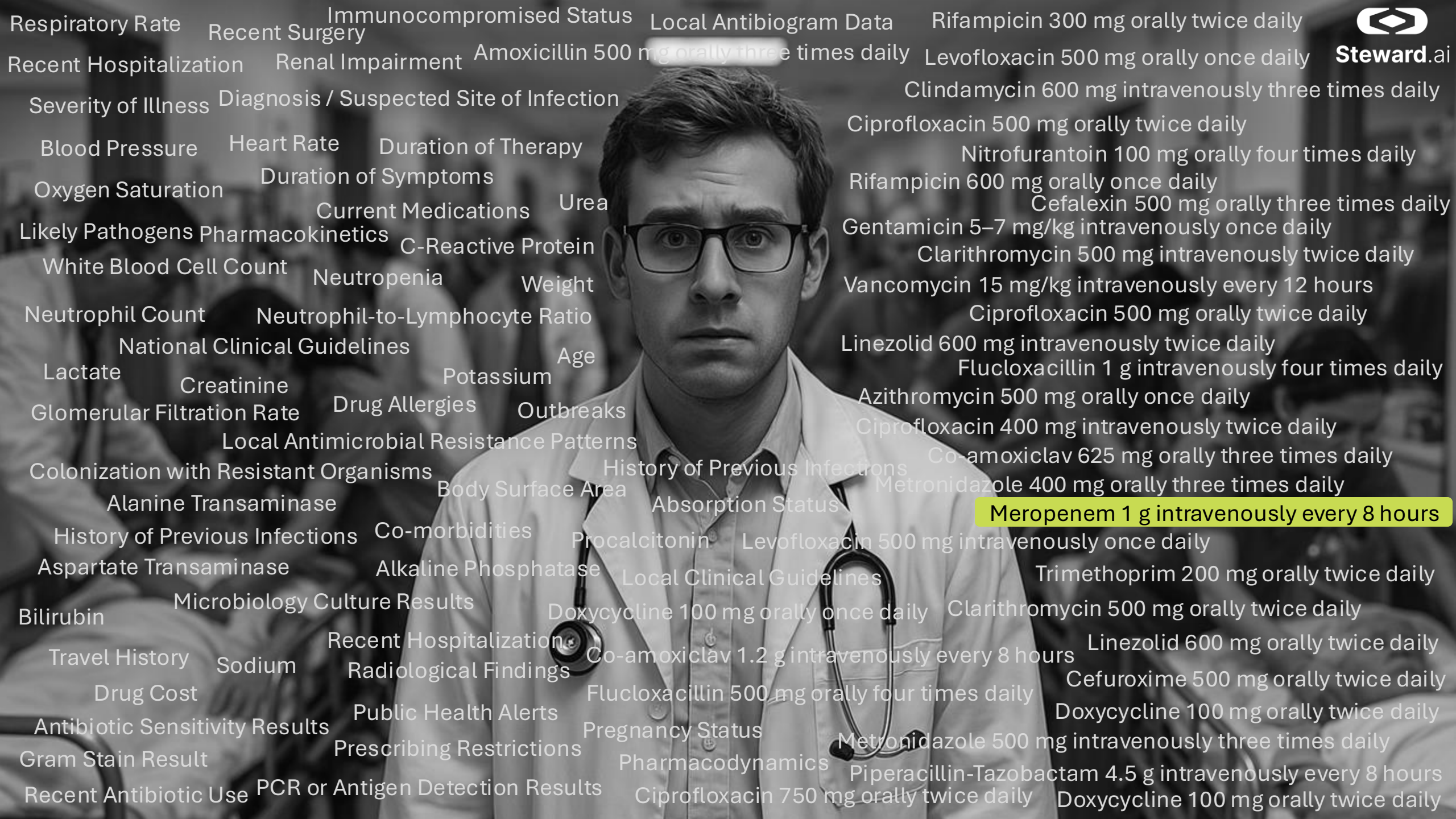
Steward.ai

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



Steward.ai

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



Steward.ai

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

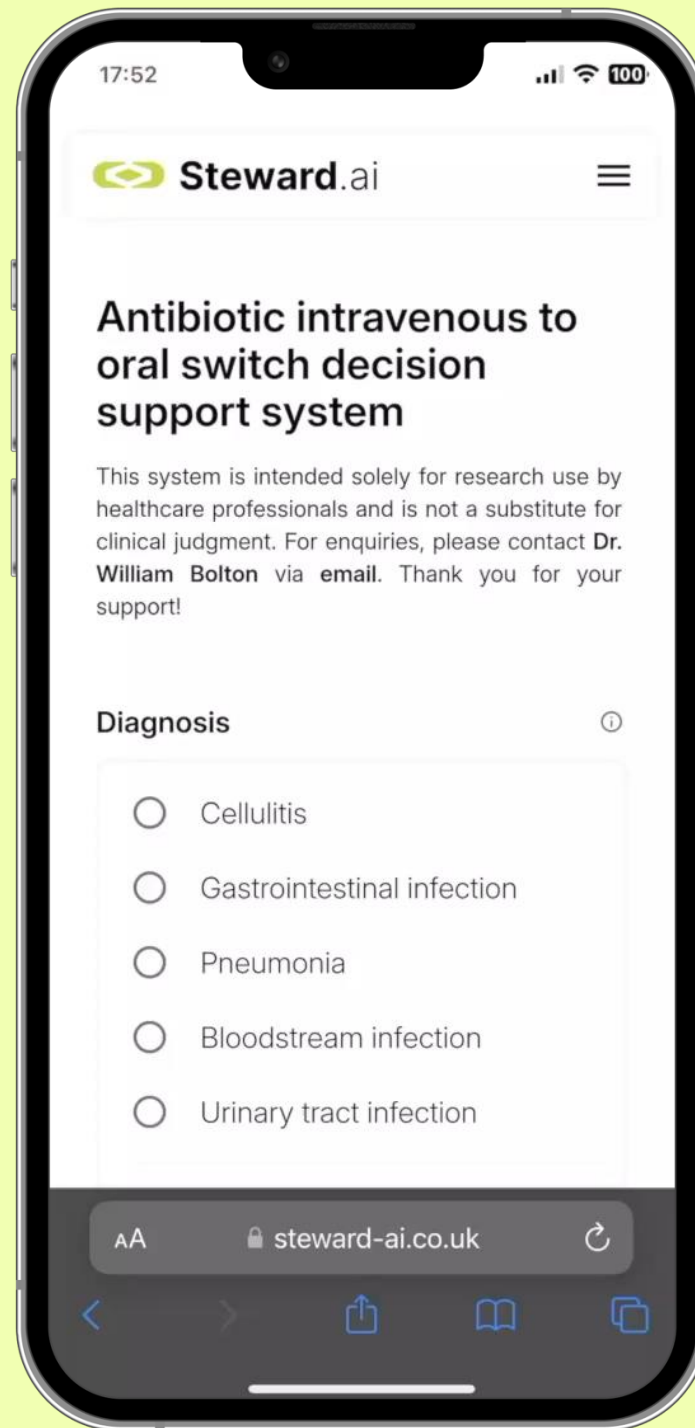
Meropenem 1 g intravenously every 8 hours

Antimicrobial resistance

1.2 million deaths
a year globally

Costs each US hospital
\$3.3 million a year

>30% of antibiotic prescriptions
are inappropriate



9:41

Steward.ai

Antibiotic IV to oral switch
decision support

This product is still in Beta version. Please share your feedback at william.bolton@imperial.ac.uk. Thanks for your support!

Diagnosis

☐ Cellulitis

☐ Intestinal infection

☐ Pneumonia

☐ Sepsis

☐ Urinary tract infection

☐ Other infection

Duration

0 days

steward-ai.co.uk

<

>

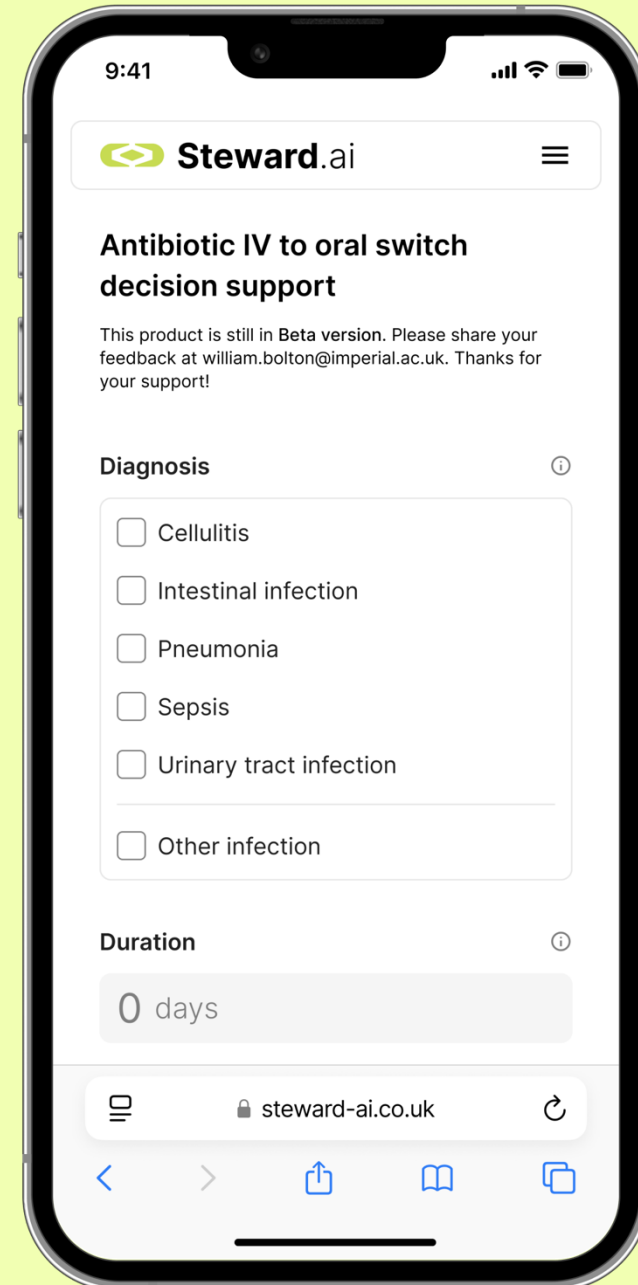
✓ **Personalized** patient decisions

✓ Simple and **easy to use**

✓ Explainable, **safeguarded AI**

✓ Robust **clinical evaluation**

✓ Save **hospitals money**



9:41

Steward.ai

Antibiotic IV to oral switch decision support

This product is still in Beta version. Please share your feedback at william.bolton@imperial.ac.uk. Thanks for your support!

Diagnosis

- ☐ Cellulitis
- ☐ Intestinal infection
- ☐ Pneumonia
- ☐ Sepsis
- ☐ Urinary tract infection
- ☐ Other infection

Duration

0 days

steward-ai.co.uk



Commercial partnerships and technology licenses



Medical apps



LUMED+

Electronic health record
providers



Pharmaceutical
companies





Commercial partnerships and technology licenses



Medical apps



Electronic health record
providers



Pharmaceutical
companies





Commercial partnerships and technology licenses



Medical apps



LUMED+

Electronic health record
providers



Pharmaceutical
companies





Dr William Bolton

BSc MPhil PhD

AI for Healthcare



IMPERIAL



EWOR

Professor Pantelis Georgiou



Prior medical technology founder

IMPERIAL **proton dx**

Professor Alison Holmes



Antimicrobial resistance leader



Dr Timothy Rawson



Infectious diseases consultant





Technology developed

Published in leading academic journals

**nature
communications**

**nature
machine
intelligence**

conceptionx
PHD DEEP TECH
STARTUPS





Q4
2024

Product and business development

Spoken to 50+ clinicians



AI
SuperConnector



IMPERIAL COLLEGE
HEALTH PARTNERS



An Roinn Sláinte
Department of Health

Hardian Health



Prospective pilot

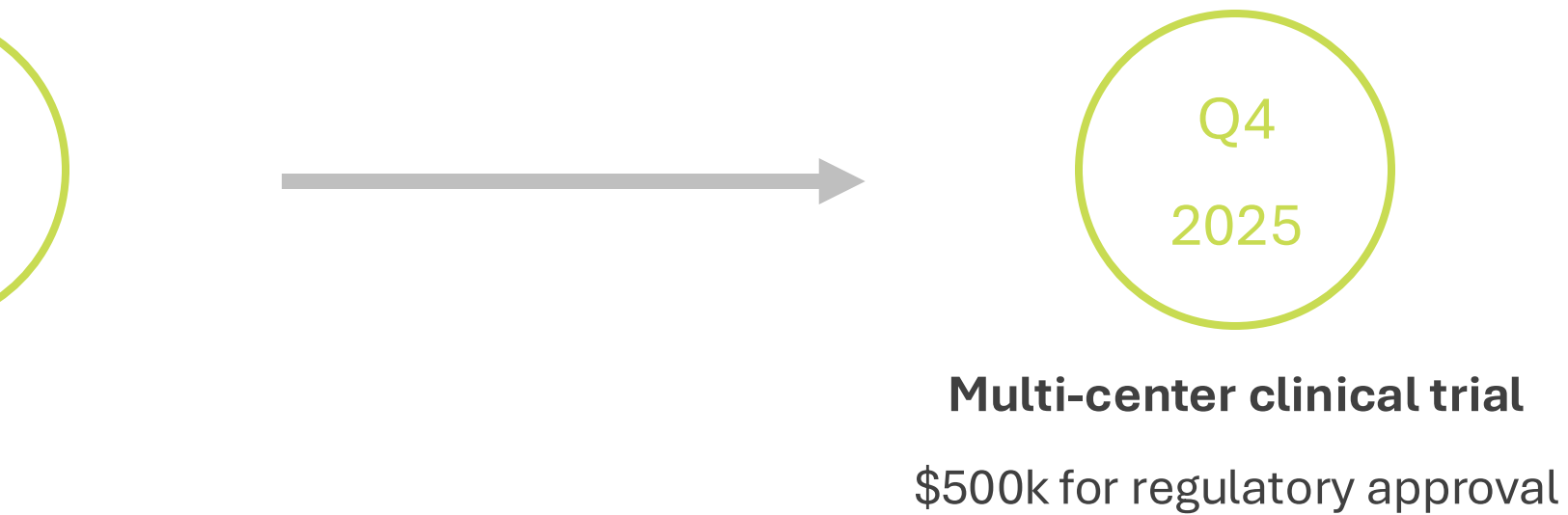
Real-world validation



Imperial College Healthcare
NHS Trust



Professor Mark Gilchrist





Join us to Tackle Antimicrobial Resistance
Through Precision Antibiotic Therapy

Dr William Bolton

Try it out for yourself!



LinkedIn

