

ADJUSTING PARENTERAL ANTIBIOTICS TO ESTIMATED CREATININE CLEARANCE

Medication	>50mL/min	30-50mL/min	<30mL/min	HD ¹	CAPD ²
Acyclovir	5-10mg/kg ⁶ q8h	5-10mg/kg ⁶ q12h	5-10mg/kg ⁶ q24h	2.5-5mg/kg q24h ³	2.5-5mg/kg q24h
Amikacin	5 mg/kg q8h or 7.5 mg/kg q12h	7.5mg/kg q24h	7.5mg/kg guided by levels	5-7.5mg/kg DAD ³	
Ampicillin	1-2g q4-6h	1-2g q6-8h	1-2g q8-12h	1g q12h	1g q12h
Azithromycin	500mg q24h	500mg q24h	500mg q24h	500mg q24h	500mg q24h
Cefazolin	1-2g q8h	1-2g q12h	1-2g q12-24h	1-2g DAD ³ or 0.5-1g q24h ^{3,4}	1g Q24h or 0.5 g q12h
Cefotaxime	1-2g q8h (Meningitis: 2g q6h)	10-50mL/min: 1-2g q8-12h (Meningitis: 2g q8h)	< 10mL/min: 1-2g q24h (Meningitis: 2g q12h)	1-2g DAD ³ or 1-2g q24h ³	1g q24h
Cefoxitin	1-2g q6-8h	1-2g q8h	1-2g q8-12h	1-2g DAD ³ or 1-2g q24h ³	1g q24h
Ceftazidime	1-2g q8h	1-2g q12h	1-2g q12-24h	1-2g DAD ³ or 0.5-1g q24h ^{3,4}	0.5-1g q24h
Ceftriaxone	1-2g q24h	1-2g q24h	1-2g q24h	1-2g q24h ³	1-2g q24h
Cefuroxime	0.75-1.5g q8h	0.75-1.5g q8-12h	0.75-1.5g q12h	0.75-1.5g q24h ³	0.75-1.5g q24h
Ciprofloxacin	200-400mg q12h	200-400mg q12h	400mg q24h	400mg q24h ³	400mg q24h
Clindamycin	300-600mg q8h	300-600mg q8h	300-600mg q8h	300-600mg q8h	300-600mg q8h
Cloxacillin	0.5-2g q4-6h	0.5-2g q4-6h	0.5-2g q4-6h	0.5-2g q4-6h	0.5-2g q4-6h
Cotrimoxazole (mg/kg TMP ⁵)	2.5-5 mg/kg/dose q6h ⁵	2.5-5 mg/kg/dose q8h ⁵	2.5-5 mg/kg/dose ⁷ q12h	2.5-5mg/kg ⁷ q24h ³	2.5-5mg/kg ⁷ q24h
Daptomycin	4-6 mg/kg q24h	4-6 mg/kg q24h	4-6 mg/kg q48h	4-6 mg/kg q48h or 6 mg/kg DAD ³	4-6 mg/kg q48h
Ertapenem	1g q24h	1g q24h	500mg q24h	500mg q24h ³	500mg q24h
Erythromycin	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h

¹HD = hemodialysis; ²CAPD = continuous ambulatory peritoneal dialysis; ³DAD = on dialysis days, give dose after dialysis; ⁴for more aggressive therapy; ⁵TMP=trimethoprim;

⁶give q12h for UTIs; ⁷up to 10mg/kg/dose for more aggressive therapy

⁸10-15mg/kg/dose for *herpes encephalitis*, *VZV* infection

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Medication	>50mL/min	30-50mL/min	<30mL/min	HD ¹	CAPD ²
Fluconazole	100-400mg q24h	100-200 mg q24h (400mg q24h ³)	100-200mg q24h	100-200mg q24h ^{3,4} or 200-400mg DAD ³	100-200mg q24h
Ganciclovir	>70 mL/min: 5mg/kg q12h; 50-69 mL/min: 2.5mg/kg q12h	2.5 mg/kg q24h	1.25mg/kg q24h	1.25mg/kg 3x/week DAD ³	1.25mg/kg 3x/week
Gentamicin	*	*	*	2mg/kg load, 1-1.5 mg/kg DAD ³	
Imipenem	500mg q6-8h	500mg q8h	500mg q12h	250-500mg q12h	250-500mg q12h
Levofloxacin ⁹	750mg q24h	20-50mL/min: 750mg q48h	< 20mL/min: 750mg, then 500mg q48h	750mg, then 500mg qHD ¹	750mg, then 500mg q48h
Linezolid	600mg q12h	600mg q12h	600mg q12h	600mg q12h ³	600mg q12h
Meropenem	0.5 g Q6H or 1-2 g Q8H	0.5-1 g Q8H	<20mL/min: 0.5-1 g q12h	0.5- 1 g q24h ³	0.5-1 g q24h
Metronidazole	500mg q8-12h	500mg q8-12h	500mg q8-12h	500mg q8-12h	500mg q8-12h
Moxifloxacin	400mg daily	400mg daily	400mg daily	400mg daily	400mg daily
Penicillin G	0.5-4 MU q4-6h	0.5-4 MU q6h	Maximum 6-9 MU per day	Maximum 6 MU/day ³	Maximum 6 MU/day
Piperacillin-Tazobactam	3.375g q6h or 4.5g q6-8h	3.375g q6h	2.25g q6h	2.25g q8h ³	2.25g q8h
Ticarcillin-Clavulanate	3.1g q4-6h	3.1g q6h	3.1g q8h	3.1g q12h	3.1g q12h
Tobramycin	*	*	*	Same as gentamicin	
Vancomycin	**	**	**	25mg/kg load, then 500mg - 750mg qHD	20 mg/kg q4-7 days
Voriconazole	6mg/kg q12h x 2, then 4mg/kg q12h	Avoid IV form (may use PO)	Avoid IV form (may use PO)	Avoid IV form (may use PO)	Avoid IV form (may use PO)

¹HD = hemodialysis; ²CAPD = continuous ambulatory peritoneal dialysis; ³DAD = on dialysis days, give dose after dialysis; ⁹levofloxacin restricted to dialysis patients

* See Aminoglycoside Dosing guidelines ** See Vancomycin Dosing guidelines