

**ADJUSTING PARENTERAL ANTIBIOTICS TO ESTIMATED CREATININE CLEARANCE**

Medication	>50mL/min	30-50mL/min	<30mL/min	HD <sup>1</sup>	CAPD <sup>2</sup>
Acyclovir	5-10mg/kg q8h	5-10mg/kg q12h	5-10mg/kg q24h	2.5-5mg/kg q24h <sup>3</sup>	2.5-5mg/kg q24h
Amikacin	5 mg/kg q8h or 7.5 mg/kg q12h guided by levels	7.5mg/kg q24h guided by levels	7.5mg/kg guided by levels	5-7.5mg/kg DAD <sup>3</sup> guided by levels	
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 <sup>3</sup> or 0.5-1g q24h <sup>3,4</sup>	500mg 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 <sup>3</sup> or 1-2g q24h <sup>3</sup>	1g q24h
Ceftazidime	1-2g q8h	1-2g q12h	1-2g q12-24h	1-2g DAD <sup>3</sup> or 0.5-1g q24h <sup>3,4</sup>	0.5-1g q24h
Ceftriaxone	1-2g q24h	1-2g q24h	1-2g q24h	1-2g q24h <sup>3</sup>	1-2g q24h
Cefuroxime	0.75-1.5g q8h	0.75-1.5g q8-12h	0.75-1.5g q8-12h	0.75-1.5g q24h <sup>3</sup>	0.75-1.5g q24h
Ciprofloxacin	200-400mg q12h	200-400mg q12h	400mg q24h	400mg q24h <sup>3</sup>	200mg q12h
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 <sup>5</sup> )	2.5-5 mg/kg/dose q6h	2.5-5 mg/kg/dose q8h	2.5-5 mg/kg/dose q12h	2.5-5mg/kg q24h <sup>3</sup>	2.5mg/kg q24h
Erythromycin	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h	0.5-1g q6h
Fluconazole	100-400mg q24h	100-200 mg q24h (400mg q24h <sup>4</sup> )	100-200mg q24h	100-200mg q24h <sup>3,4</sup> or 200-400mg DAD <sup>3</sup>	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 <sup>3</sup>	1.25mg/kg 3x/week
Gentamicin	*	*	*	2mg/kg load, 1-1.5 mg/kg DAD <sup>3</sup>	
Imipenem	500mg q6-8h	500mg q8h	250-500mg q12h	250-500mg q12h	250-500mg q12h
Levofloxacin <sup>6</sup>	750mg q24h	20-50mL/min: 750mg q48h	< 20mL/min: 750mg, then 500mg q48h	750mg, then 500mg qHD <sup>1</sup>	750mg, then 500mg q48h
Linezolid	600mg q12h	600mg q12h	600mg q12h	600mg q12h <sup>3</sup>	600mg q12h
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	0.5-4MU q4-6h	0.5-4MU q6h	Maximum 6-9MU per day	Maximum 6MU/day <sup>3</sup>	Maximum 6MU/day
Piperacillin-Tazobactam	3.375g q6h or 4.5g q6-8h	3.375g q6h	2.25g q6h	2.25g q8h <sup>3</sup>	2.25g q8h
Ticarcillin-Clavulanate	3.1g q4-6h	3.1g q6h	3.1g q8h	3.1g q12h	3.1g q12h
Tobramycin	*	*	*	2mg/kg load, 1-1.5 mg/kg DAD <sup>3</sup>	
Vancomycin	**	**	**	25mg/kg load, then 500mg - 750mg qHD	15mg/kg q4-7 days
Voriconazole	6mg/kg q12h x 2, then 4mg/kg q12h	Avoid IV formulation (may use PO)	Avoid IV formulation (may use PO)	Avoid IV formulation (may use PO)	Avoid IV formulation (may use PO)

<sup>1</sup>HD = hemodialysis; <sup>2</sup>CAPD = continuous ambulatory peritoneal dialysis; <sup>3</sup>DAD = on dialysis days, give dose after dialysis; <sup>4</sup>for more aggressive therapy; <sup>5</sup>TMP=trimethoprim; <sup>6</sup>levofloxacin restricted to dialysis patients

\* See Aminoglycoside Dosing guidelines

\*\* See Vancomycin Dosing guideline

Updated on January 19, 2010