

Renal Dosing Protocol

Antimicrobial Agents	Usual Dosage	Renally adjusted dosage (based on CrCl ml/min)	Hemodialysis
Ampicillin (IV)	1-2 g q4-6h	30-50: q6-8h; 10-29: q8-12h; <10: q12-24h	Dose as for CrCl<10, on dialysis days dose AD
Ampicillin (PO)	250-500mg q6h	10-30: q8-12h; <10: q12-24h	Dose as for CrCl<10, on dialysis days dose AD
Ampicillin/Sulbactam (IV) (Unasyn)	1.5-3 g q6-8h	15-30: q12h; <15:q24h	Dose as for CrCl<10, on dialysis days dose AD
Amoxicillin (PO)	875 mg q12h 250-500mg q8-12h	10-30: q8-12h; <10: q24h	Dose as for CrCl<10, on dialysis days dose AD
Amoxicillin/Clavulanate (PO) (Augmentin®)	875/125mg q12h or 250/125 to 500/125 mg q8h	10-30: q12h; <10: q24h **875 mg dose not recommended for CrCl <30 ml/min**	250/125-500/125 mg q24h, on dialysis days dose AD
Aztreonam (IV)	UTI: 500 mg – 1g q8-12h – Moderate systemic infection: 1-2g q8h – Severe/life-threatening infection: 2g q6-8h	10-30: 1-2g x 1, then 50% of usual dose at same interval (e.g., 0.5-1g q6-8h) <10: 1-2g x1, then 25% of usual dose at same interval (e.g., 0.5g q6-12h)	1-2g x 1, then 25% of usual dose at same interval (e.g., 0.5 q6-12h) – for serious infxn: may supplement 250mg AD)
Cefaclor (PO) (Ceclor)	250-500mg q8h	<10: 50% at same interval	250mg after each dialysis
Cefaclor (PO) (Duricef®)	1-2g per day divided daily or q12h	<10: 50% at same interval	0.5-1g after each dialysis
Cefazolin (IV)	500mg-1g q8h (up to 2g q8h)	10-30: 1g q12h <10: 1g q24h	1g q24h, on dialysis days dose AD
Cefdinir (po) (Ominicef®)	300mg q12h	<30: q24h	300mg qod, on dialysis days give 300mg AD
Cefepime (IV)	Non-neutropenic: 1-2g q12h Febrile neutropenia: 2g q8h	Non-neutropenic: 1-2g q12h Febrile neutropenia: 2g q8h >60: 400mg/day 21-60: 300mg/day <20: 200mg/day	Dose as for CrCl<10 q24h, on dialysis day dose AD
Cefixime (PO) (Suprax®)	400mg q24h or 200mg q12h	>60: 400mg/day 21-60: 300mg/day <20: 200mg/day	200-300mg divided qd or bid
Cefotaxime (IV)	1-2g q6-8h (Life-threatening up to maximum of 12g/day e.g., 2g q24h)	10-50: 1-2g q8-12h; <10: 1-2g q24h	Dose as for CrCl <10, supplement 1g AD
Cefotetan (IV)	1-2g q12h	10-30: 12g q24h or 500mg-1g q12h<10: 1-2g q48h or 250-500mg q24h	Dose as for CrCl<10, supplement 1g AD
Cefoxitin (IV)	1-2g q6-8h	30-50: 1-2g q8-12h; 10-30: 1-2g q12-24h; <10: 500mg-1g q24-48h	Dose as for CrCl<10, supplement 1g AD
Cefpodoxime (PO) (Vantin®)	100-200mg q12h	<30: 100-200mg q24h	200-400mg 3 times a week, dose AD
Cefprozil (PO) Cefzil	250-500mg q12h	10-30: 50% of usual dose q12h <10: 50% of usual dose 12-24h	Dose as for CrCl>10,, supplement 250mg AD
Ceftazidime (IV)	1-2g q8-12h Febrile neutropenia: 2-4g q8h	30-50: 1gq12h 10-29: 1g q24h: <10: 1g vq48h	Dose as for CrCl<10, on dialysis days supplement 1g AD
Ceftizoxime (IV)	1-2g q8-12h (severe or life-threatening 3-4g q8h = maximum 12g/day)	10-30:1g q12h; <10: 1g q24h	Dose as for CrCl<10, supplement 1g AD

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Cefuroxime (IV)	750mg to 1.5g q8h	10-20: 750mg q12h; <10: 750mg q24h	Dose as for CrCl<10, supplement 750mg AD
Cefuroxime (PO) (Ceftin®)	250-500mg q12h	10-29: 250-500mg q12-24h; <10: 250mg q24h	No adjustment, on dialysis days dose AD
Cephalexin (PO) (Keflex)	250-500mg q6h	10-30: 250-500mg q8-12h; <10: 250mg q12-24h	Dose as for CrCl<10, on dialysis days dose AD
Ciprofloxacin (PO) (Cipro®)	250-750mg po q12h	<30: q24h	250 q12h, OR, 250-500mg q24h, Dose AD on dialysis days
Ciprofloxacin (IV)	200-400mg IV q12h (Febrile neutropenia/severe complicated infection: 400mg q8h IV)	<30: q24h	200mg q12h OR – 200-400mg q24h (on dialysis days dose AD)
Clarithromycin (PO) (Biaxin®)	250-500mg q12h	<30: 500mg x 1, then 250mg q12-24h	Dose as for CrCl<30, on dialysis days dose AD
Erythromycin (PO)	250-500mg base q6-12h, maximum 4g/day 400 mg of Erythromycin ethyl succinate (EES) = 250mg of base, or stearate	<10:50-75% of dose at same interval	
Erythromycin (IV)	500mg q6h (severe/life-threatening or Legionella infection: 1g q6h)	<10: 500mg q6-8h (maximum 2g/day	Dose as for CrCl <10ml/min
Imipenem/Cilastatin (IV) (Primaxin®)	250mg-1g q6h based on severity of Dx (maximum dose is 50mg/kg/day or 4g/day, whichever is lowest, in divided doses)	Based on disease severity with interval >/=70: usual dose q6h: 30-70: usual dose q8h; 20-30: usual dose q12h; <20: ½ usual dose q12h	125-250mg q12h, on dialysis days dose AD
Levofloxacin (PO or IV) (Levaquin®)	250-750mg q24h	If 750mg q24h ordered: 20-49 750mg q48h; 10-19: 750mg x 1, then 500mg q48h; If 500mg q24h ordered: 20-49: 500mg x 1, then 250mg q24h; 10-19: 500mg x 1, then 250mg q48h; <10: 500mg x 1, then 125-250mg q48h	500mg x 1, then 250mg q48h, on dialysis days dose AD
Meropenem (IV) (Merrem®)	1g q8h	26-50: 1g q12h; 10-25: 500mg q12h; <10: 500mg q24h	0.5g q24h, on dialysis days dose AD
Itraconazole (PO or IV) (Only PO is formulary) (Sporanox®)	Systemic Infections. 200mg daily-bid (may give 200mg tid for 3 days first for life-threatening infection) Mucocutaneous candidiasis: 100-200mg daily Onychomycosis: Toenail: 200mg daily x 12 wks Fingernail: 200mg bid x 1 wk per month for 2 months	<10: 50% of usual dose (Avoid IV in CrCl<30 ml/min due to decreased clearance of vehicle used in preparation of injectable product)	100mg q12-24h (Avoid injection in CrCl<30 ml/min due to decreased clearance of vehicle used in preparation of injectable product)

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Terbinafine (PO) Lamisil®)	250mg po daily	For CrCl/<50 ml/min, may consider ½ usual dose. Avoid with severe renal impairment due to lack of data	Insufficient data
Voriconazole (PO or IV)	Invasive aspergillosis; Non-neutropenic: 200mg PO bid Neutropenic: 6mg/kg IV q12h for 2 doses, then 3mg/kg IV q12h for 1-4 weeks, followed by 200 mg PO bid for 4 to 24 weeks Oropharyngeal candidiasis in HIV+ pt: 200mg PO daily or bid	Avoid use in renal impairment – lacking pharmacokinetic data	
Miscellaneous Agents	Usual Dosage	Renally adjusted dosage (based on CrCl ml/min)	Hemodialysis
Allopurinol (PO)	100-300mg q (up to 800mg per day)	20-50: 100-300mg q24h; 10-20: 100-200mg q24h; <10: 100mg q2448h	100mg q24-48h, on dialysis days dose AD
Famotidine (PO or IV)	Active ulcer: 40mg po daily or 20mg PO/IV q12h GERD: double normal dose Maintenance: 20mg daily	<10: ½ usual dose (maximum 40mg q24h)	20mg q24h, on dialysis days dose AD
Gabapentin (PO) (Neurontin®)	Titrated to 900+-1800mg/day in TID dosing, Max. 3600mg/day	30-60: 300mg bid; 5-29:300mg q24h; <15: 300mg q48h	300-400mg x 1, then 200-300mg after each dialysis
Ketorolac (PO or IV) (Toradol®)	Single dose treatment <65 yo: 60mg IM x 1, or 30mg IV x 1 Multiple-dose: IV/IM: 30mg q6h (prn), max = 120mg/day PO: 10mg q4-6h (prn), max = 40mg/day Maximum duration: 5 days for combination for parenteral and oral	Single dose: if>= 65yo, <50kg, or Crcl<50: 30mg IM x 1, or 15mg IV x 1 dose Multiple-dose: If>= 65yo, <50kg, or Crcl<50: Dose= 15mg IV/IM q9h (prn), maximum 60mg/day, may follow by 10mg po q4-6h (max 40mg/day po) Maximum duration: 5 days for combination for parenteral and oral	25-50% of usual dose (e.g., 15mg IV/IM q6h - maximum 60mg/day)
Metoclopramide (PO or IV) (Reglan®)	10mg q6h (PO or IV)	<40: 5mg q6h	5mg q6h