

SHC Antimicrobial Renal Dosing Guidelines in Adults: ORAL Administration

These are general dosing guidelines for reference only. Doses may vary based on indications, severity, and/or patient factors. Please contact Pharm with questions/concerns

Drugs are typically dosed based on CrCL, which may differ from eGFR. Calculated CrCL takes into patient specific age, weight, etc.

$$\text{CrCL (mL/min)} = \frac{[140 - \text{age}] * \text{Wt(kg)}}{72 * \text{SCr (mg/dL)}} * \text{gender factor (male=1, female=0.85)}$$

Wt may need to be adjusted for obese patients. SCr may need to be adjusted for special patient populations

CrCL Calculator: <http://clincalc.com/Kinetics/CrCl.aspx>[£]

Usual Doses of Antimicrobials Typically Not Requiring Renal Adjustment

Azithromycin	250 – 500 mg daily		Metronidazole^a	500 mg BID – TID
Clindamycin	300 – 450 mg TID		Penicillin VK	500 mg QID
Doxycycline	100 mg BID		Itraconazole	200 mg daily – BID
Fosfomycin	Uncomplicated cystitis: 3 g x 1 Complicated: 3 g Q48hr x 3 doses (off-label)		Posaconazole	Based on indication and formulation. See Cerner CareSet
Linezolid	600 mg BID		Voriconazole	Based on indication. See Cerner CareSet

Usual Doses of Antimicrobials Needing Renal Adjustment

	Usual Dose ^b CrCL ≥ 50 mL/min	CrCL 49-30 mL/min	CrCL 29-10 mL/min	CrCL < 10 mL/min or hemodialysis
Amoxicillin (Ampicillin^c)	500 mg TID	500 mg TID	500 mg BID	500 mg daily
Amoxicillin/Clavulanate^d	500 TID or 875mg BID	500 TID or 875mg BID	500 mg BID	500 mg daily
Bactrim^e (Trimethoprim/Sulfamethoxazole)	<i>1 DS tab contains 160 mg of TMP</i>			
UTI	1 DS tab BID	1 DS tab BID	1 DS tab daily	Not usually recommended Consult Pharmacy
SSTI ^e , Systemic Infections	8-12 mg/kg/day TMP in 2-3 divided doses	8-12 mg/kg/day TMP in 2-3 divided doses	4-6 mg/kg day TMP daily	
Cephalexin	500 mg TID-QID	500 mg TID-QID	500 mg TID	250-500 mg daily
Cefuroxime	250-500 mg BID	250-500 mg BID	250-500 mg BID	250-500 mg daily
Cefpodoxime	100-200 mg BID	100-200 mg BID	100-200 mg daily	HD: 3x/wk post-HD
Ciprofloxacin				
Standard dose	500 mg BID	500 mg BID	250 mg BID	500 mg daily
High dose	750 mg BID	750 mg BID	500 mg BID	500 mg daily
Levofloxacin <i>Note different renal function ranges</i>	CrCL ≥ 50 mL/min	CrCL 49-20 mL/min	CrCL 19-10 mL/min	CrCL <10mL/min, HD
	750 mg daily (<i>preferred</i>)	750 mg Q48	750 mg x1, then 500 mg Q48	750 mg x1, then 500 mg Q48
	500 mg daily (<45 kg)	500 mg Q48	500 mg x1, then 250 mg Q48	500 mg x1, then 250 mg Q48

[£]This online CrCL calculator is provided as a resource for providers and should not be viewed as an endorsement by Sharp Healthcare and its affiliates of the site, its contents or recommendations.

^aSome recommendations include metronidazole 500 mg BID for prolonged use (e.g. > 14 days) for patients on iHD and/or hepatic failure (Child-Pugh C)

^bDoses and need for renal adjustment may differ for parenteral (e.g. IV) administration. Usual PO doses for common indications. Please refer to indication-specific dosing as necessary

^cPO amoxicillin has more favorable bioavailability than PO ampicillin

^dDosed on amoxicillin

^eConsider weight-based dosing especially for obese patients using adjusted BW.

^fMay consider loading dose of 400-800mg based on indication/severity.

^gRevised dosing per manufacturer. Guidelines updated post Supervisory and P&T approval.

