NHS Lothian

Antimicrobial doses in CVVHD renal replacement therapy.

Drug	Dose in CVVHD
Amoxicillin	IV/ORAL: Dose as in normal renal function.
Aztreonam	IV: 2g every 12 hours.
Benzylpenicillin	IV: 600mg – 2.4 mg every six hours depending on severity of infection.
Ceftazidime: 2g three times daily. Ceftazidime: 1g three times daily.	IV: 2g every 12 hours. IV: 1g every 12 hours.
Ceftriaxone	IV: Dose as in normal renal function.
Cefuroxime: 1500mg three times daily.	IV: 1500mg twice daily.
Ciprofloxacin:	IV: 400mg every 12 hours. Oral: 500-750mg every 12 hours.
Clarithromycin	IV/Oral: dose as in normal renal function.
Clindamycin	IV/Oral: Dose as in normal renal function.
Co-amoxiclav	IV: 1.2g every 12 hours. Oral: Dose as in normal renal function.
Co-trimoxazole	IV/Oral: Pneumocystis jiroveci pneumonia (PCP): 60mg/kg twice daily for 3 days then 30mg/kg twice daily. IV/Oral: Other indications: 50% of usual dose. For prolonged courses consider therapeutic drug monitoring although note 5 day turnaround for return of levels.
Flucloxacillin	IV/Oral: Dose as in normal renal function.
Levofloxacin:	IV/Oral: 500mg for first dose, then 250mg every 24 hours thereafter.
Linezolid	IV/ORAL: Dose as in normal renal function.
Meropenem	IV: 1g every 8 hours. Consider reducing to 1g every 12 hours if any deterioration in LFTs.
Metronidazole	IV/ORAL: Dose as in normal renal function.
Rifampicin	IV/ORAL: Dose as in normal renal function.
Piperacillin/tazobactam	IV: 4.5g every eight hours.
Teicoplanin	IV: Days 1-3, dose as in normal renal function. Day 4 onwards, either one third of dose in normal renal function daily or normal dose given every 72 hours.
Temocillin	IV: 1g every 24 hours.

Aciclovir: • Herpes simplex treatment (normal/immunocompromised) • Varicella zoster/Herpes zoster treatment (normal) • Varicella zoster/Herpes zoster Treatment(immunocompromised) • Herpes simplex encephalitis • Herpes zoster/varicella zoster encephalitis	Use ideal body weight if patient is obese IV: 5mg/kg iv every 24 hours. IV: 5mg/kg iv every 24 hours. IV: 10mg/kg iv every 24 hours. IV: 10mg/kg iv every 24 hours IV: 10mg/kg iv every 24 hours.

Anidulafungin	IV: Loading dose and maintenance dose as in normal renal function.
Caspofungin	IV: Loading dose and maintenance dose as in normal renal function.
Fluconazole	IV/ORAL: loading dose and maintenance dose as in normal renal function.
Vancomycin	See continuous intravenous vancomycin infusion guideline.

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1.The Renal Drug Database. www.renaldrugdatabase.com. Accessed November 2020
2. Trotman R et al. Antibiotic dosing in critically ill adult patients receiving continuous renal replacement therapy. Clinical Infectious Diseases, Vol 41, Issue 8, 2005, p1159-1166
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