원내 주요 항생제들의 신기능에 따른 용량 조정표

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Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Carbapenems	Ertapenem	4	>4	1 gm IV q24h	CrCl >30 mL/min: No dosage adjustment CrCl <=30 mL/min: 0.5 g q24h	0.5 g q24h (+150 mg AD if given <=6 hr before HD), OR 0.5 g 3x/wk AD	0.5 g q24h	0.5-1 gm q24h	1 gm q24h
Carbapenems	Imipenem-cilastatin	1	4	500 mg IV q6h (usual)	If target dose 500 mg q6h: CrCl >=90: No dosage adjustment CrCl 60 to <90: 400 mg q6h CrCl 30 to <60: 300 mg q6h CrCl 15 to <30: 200 mg q6h If target dose 1 gm q8h (for higher MIC): CrCl >=90: No dosage adjustment CrCl 60 to <90: 500 mg q6h CrCl 30 to <60: 500 mg q8h CrCl 15 to <30: 500 mg q12h If target dose 1 gm q6h (for higher MIC): CrCl >=90: No dosage adjustment CrCl 60 to <90: 750 mg q8h CrCl 30 to <60: 500 mg q6h CrCl 15 to <30: 500 mg q12h	If target dose 500 mg q6h: Give 200 mg q6h (dose AD) If target dose 1 gm q8h: Give 500 mg q12h (dose AD) If target dose 1 gm q6h: Give 500 mg q12h (dose AD)	No data	0.5-1 gm q12h	No data
Carbapenems	Meropenem	1	10	1 gm IV q8h	CrCl >50: No dosage adjustment CrCl 26-50: 1 gm q12h CrCl 10-25: 0.5 gm q12h CrCl <10: 0.5 gm q24h	0.5 gm q24h (AD on dialysis days)	0.5 gm q24h	CVVH, CVVHD: 0.75-1 gm IV q8h	1gm q8-12hr
Carbapenems	Doripenem	1	18	500 mg IV q8h	CrCl >50: No dosage adjustment CrCl 30-50: 250 mg q8h CrCl 10-30: 250 mg q12h CrCl <10: No data	No data	No data	500 mg q8h	No data
Cephalosporins (IV)	Cefazolin	2	40-70	1-2 gm IV q8h	CrCl >50: No dosage adjustment CrCl 10-50: 0.5-2 gm q8-12h CrCl <10: 0.5-1 gm q24h	0.5-1 gm q24h (AD on dialysis days). or: 2 gm AD 월/수, 3 gm AD 금	0.5 gm q12h	1-2 gm q12h	No data
Cephalosporins (IV)	Cefotetan	3-4.6	12-30	1-2 gm IV q12h	CrCl >30: No dosage adjustment CrCl 10-30: 1-2 gm q24h CrCl <10: 1-2 gm q48h	1-2 gm q24h (+ extra 1 gm AD)	1 gm q24h	1-2 gm q24h	No data
Cephalosporins (IV)	Cefoxitin	0.8	13-23	2 gm IV q6-8h	CrCl >50: No dosage adjustment CrCl 10-50: 2 gm q8-12h CrCl <10: 2 gm q24-48h	2 gm q24-48h (+ extra 1 gm AD)	1 gm q24h	2 gm q8-12h	No data
Cephalosporins (IV)	Cefotaxime	1.5	15-35	1-2 gm IV q8h	CrCl >90: No dosage adjustment CrCl 50-90: 2 gm q8-12h CrCl 10-50: 2 gm q12-24h CrCl <10: 2 gm q24h	2 gm q24h (+ extra 1 gm AD)	0.5-1 gm q24h	2 gm q12-24h	No data
Cephalosporins (IV)	Ceftriaxone	8	Unchanged	1-2 gm IV q12-24h	No dosage adjustment for renal impairment				No data

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Cephalosporins (IV)	Cefepime	2	18	1-2 gm IV q8-12h	CrCl >60: No dosage adjustment CrCl 30-60: 2 gm q12h CrCl 11-29: 2 gm q24h CrCl <10: 1 gm q24h	1 gm q24h (투석 종료시각 기준 q24h)	2 gm q48h	Effluent rate 1L/h: 1 g q8h Effluent rate 2L/h 이상: 1 g q6h	2 g loading -> 1 g q6h
Cephalosporins (IV)	Cefoperazone-sulbactam	Cefoperazone: 1.7-2.0 Sulbactam: 1.0	Cefoperazone : No change Sulbactam: 6.9-9.7	2-4 gm/day (divided q12h)	Adjustment necessary for sulbactam: CrCl >=30: No dosage adjustment CrCl 15-30: Sulbactam 1 gm q12h CrCl <15: Sulbactam 500 mg q12h	Sulbactam 500 mg q12h (AD on dialysis days)	No data	Sulbactam 1 gm q8h	No data
Cephalosporins (IV)	Ceftazidime	1.9	13-25	1-2 gm IV q8-12h	CrCl >50: No dosage adjustment CrCl 10-50: 1-2 gm q12-24h CrCl <10: 1-2 gm q24h	0.5-1 gm q24h (투석 종료시각 기준 q24h)	No data	1-2 gm q8-12h	2 gm q12h
Cephalosporins (IV)	Ceftazidime-avibactam	ceftaz 2.8, avi 2.7	ceftaz 13-25	2.5 gm IV q8h over 2-3h	CrCl >50: No dosage adjustment CrCl 31-50: 1.25 gm q8h CrCl 16-30: 0.94 gm q12h CrCl 6-15 (± HD): 0.94 gm q24h CrCl <=5 (± HD): 0.94 gm q48h	CrCl <=15 dosing 차용 (AD on dialysis days)	No data	2.5 gm q8h	No data
Cephalosporins (IV)	Ceftolozane-tazobactam	ceftolozane 3.1	ceftolozane 40	IAI/UTI: 1.5 gm IV q8h HAP/VAP: 3 gm IV q8h	CrCl >50: No dosage adjustment CrCl 30-50: IAI/UTI: 750 mg q8h HAP/VAP: 1.5 gm q8h CrCl 15-29: IAI/UTI: 375 mg q8h HAP/VAP: 750 mg q8h CrCl <15 on HD: See HD recommendations	IAI/UTI: 750 mg load, 150 mg q8h (dose AD) HAP/VAP: 2.25 gm load, 450 mg q8h (dose AD)	No data	CVVHDF: 3 gm x1, then 750 mg q8h	No data
Cephalosporins (IV)	Cefiderocol	2-3	No data	2 gm IV q8h over 3h	CrCl >=120: 2 gm q6h CrCl 60-119: 2 gm q8h CrCl 30-59: 1.5 gm q8h CrCl 15-29: 1 gm q8h CrCl <15: 0.75 gm q12h	0.75 gm q12h (dose AD)	No data	Effluent flow rate: <=2 L/hr: 1.5 gm q12h 2.1 to 3 L/hr: 2 gm q12h 3.1 to 4 L/hr: 1.5 gm q8h >=4.1 L/hr: 2 gm q8h	No data
Cephalosporins (PO)	Cefadroxil	1.5	20	0.5-1 gm po q12h	CCr >40: 500-1000 mg q12h CCr 20-39: 500 mg q12-24h CCr <20: 500 mg q24-48h	1 gm, then 1 gm AD (투석날만 투여)	500 mg q24h	No data	No data
Cephalosporins (PO)	Cephalexin	0.5-1.2	5-30	250-1000 mg po q6h	CrCl >50: No dosage adjustment CrCl 10-50: 250-1000 mg q8-12h CrCl <10: 250-1000 mg q24-48h	250-500 mg q12-24h (AD on dialysis days)	250-500 mg q12-24h	No data	No data
Cephalosporins (PO)	Cefaclor	0.8	3	500 mg po q8h	CrCl >=10: No dosage adjustment CrCl <10: 500 mg q12h	500 mg q12h (give one of the dialysis day doses AD)	500 mg q12h	No data	No data
Cephalosporins (PO)	Cefprozil	1.5	5-6	500 mg po q12h	CrCl >50: No dosage adjustment CrCl 10-50: 500 mg q24h CrCl <10: 250 mg q12h	250 mg q12h (give one of the dialysis day doses AD)	250 mg q24h	No data	No data
Cephalosporins (PO)	Cefuroxime axetil	1.5	17	250-500 mg po q12h	CrCl >=30: No dosage adjustment CrCl 10-29: 250-500 mg q24h CrCl <10: 250-500 mg q48h	250-500 mg q48h (give extra 250-500 mg AD)	250-500 mg q24h	No data	No data
Cephalosporins (PO)	Cefdinir	1.7	16	300 mg po q12h	CrCl >=30: No dosage adjustment CrCl <30: 300 mg q24h	300 mg q48h (투석 종료시각 기준 q24h)	No data	No data	No data

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Cephalosporins (PO)	Cefditoren pivoxil	1.6	5	400 mg po q12h	CrCl >50: No dosage adjustment CrCl 10-50: 200 mg q12h CrCl <10: 200 mg q24h	200 mg q24h (투석 종료시각 기준 q24h)	200 mg q24h	No data	No data
Cephalosporins (PO)	Cefixime	3	12	400 mg po q24h	CrCl >=60: No dosage adjustment CrCl 21-60: 260 mg q24h (use susp) CrCl <=20: 200 mg q24h	260 mg q24h (투석 종료시각 기준 q24h)	200 mg q24h	No data	No data
Cephalosporins (PO)	Cefpodoxime proxetil	2.3	10	200 mg po q12h	CCr >= 30 : No dosage adjustment CCr < 30 : 100-200 mg q24h	100-200 mg 투석일에만 투석 종료 후 투여	200 mg q24h	No data	No data
Monobactam	Aztreonam	2	6-8	2 g IV q6-8h	CrCl >=30: No dosage adjustment CrCl 10 to <30: 2 g IV q12h CrCl <10: 1-2 gm q24h	1-2 gm q24h (투석 종료시각 기준 q24h)	2 gm q24h	2 g loading, then CVVH: 1-2 gm q12h CVVHD: 2 gm q12h CVVHDF: 2 gm q12h	No data
Penicillins	Penicillin G	0.5	6-20	0.5-4 million U IV q4h	CrCl >50: No dosage adjustment CrCl 10-50: 0.5-4 million U q8h CrCl <10: 0.5-4 million U q12h	0.5-4 million U q12h (give one of the dialysis day doses AD)	0.5-4 million U q12h	1-4 million U q6-8h	3 million U q6h
Penicillins	Amoxicillin (standard)	1.2	5-20	500-1000 mg po q8h	If usual dose is 250-500 mg q8h: CrCl >30: No dosage adjustment CrCl 10-30: 250-500 mg q12h CrCl <10: 250-500 mg q24h If usual dose is 1000 mg q8h: CrCl >30: No dosage adjustment CrCl 10-30: 1000 mg q12h CrCl <10: 500 mg q12h	250-500 mg q24h (투석 종료시각 기준 q24h)	250-500 mg q12h	250-500 mg q8-12h	No data
Penicillins	Amoxicillin-clavulanate	Amox: 1.4 Clav: 1	Amox: 5-20 Clav: 4	(경구제) 500 mg/125 mg po q8h 875 mg/125 mg po q12h (주사제) 1000 mg/200 mg IV q8h	Oral (amox 기준 dosing): CrCl >30: No dosage adjustment CrCl 10-30: 250-500 mg q12h CrCl <10: 250-500 mg q12-24h IV (amox 기준 dosing): CrCl >30: No dosage adjustment CrCl 10-30: 1000 mg x1, then 500 mg q12h CrCl <10: 1000 mg x1, then 500 mg q24h	Oral: 250-500 mg q24h (투석 종료시각 기준 q24h) IV: 1000 mg x1, then 500 mg q24h (투석 종료시각 기준 q24h)	No data	No data	No data
Penicillins	Ampicillin	1.2	7-20	1-2 gm IV q4-6h	CrCl >50: No dosage adjustment CrCl 30-50: 1-2 gm q6-8h CrCl 10-30: 1-2 gm q8-12h CrCl <10: 1-2 gm q12-24h	1-2 gm q12-24h	1-2 gm q12h	1-2 gm q8-12h	No data

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Penicillins	Ampicillin-sulbactam	Amp: 1.4 Sulb: 1.7	Amp: 7-20 Sulb: 10	1.5-3 gm IV q6h	CrCl >=30: No dosage adjustment CrCl 15-29: 1.5-3 gm q12h CrCl 5-14: 1.5-3 gm q24h [High-dose Amp/Sulb for MRAB] CCr 90-130: 9 g IV q8h CCr 60-89 : 6 g IV q8h CCr 30-59 : 3 g IV q6h CCr 15-20 : 3 g IV q8h CCr <15 : 3 g IV q12h	1.5-3 gm q24h (투석 종료시각 기준 q24h)	3 gm q 24h	1.5-3 gm q8-12h	3 gm q12h
Penicillins	Nafcillin	0.5-1	No change	2 gm IM/IV q4h	No dosage adjustment for renal impairment				No data
Penicillins	Piperacillin-Tazobactam **(short infusion, other than nosocomial pneumonia, low-MIC pathogens)**	Pip: 1 Tazo: 1	Pip: 3-5 Tazo: 2.8	4.5 gm q8h (over 30 min)	CrCl >40: No dosage adjustment CrCl 20-40: 2.25 gm q6h CrCl <20: 2.25 gm q8h	2.25 gm q12h (+ extra 0.75 gm AD)	2.25 gm q12h	4.5 gm q8h	4.5 g q8h
Penicillins	Piperacillin-Tazobactam **(short infusion, nosocomial pneumonia, high MIC pathogens)**	Pip: 1 Tazo: 1	Pip: 3-5 Tazo: 2.8	4.5 gm q6h (over 30 min)	CrCl >40: No dosage adjustment CrCl 20-40: 3.375 gm q6h CrCl <20: 2.25 gm q6h	2.25 gm q8h (+ extra 0.75 gm AD)	2.25 gm q8h	4.5 gm q6h	4.5 g q8h
Penicillins	Piperacillin-Tazobactam **(extended infusion)**	Pip: 1 Tazo: 1	Pip: 3-5 Tazo: 2.8	Load 4.5 g (over 30 min), then 3.375 g q8h (over 4 hr)	CrCl >=20: No dosage adjustment CrCl <20: 4.5 gm (over 4 hr) q12h	4.5 gm (over 4 hr) q12h	No data	4.5gm (over 4hr) q8h	No data
Quinolones	Ciprofloxacin (po (not XR))	3-4	6-9	250-750 mg po q12h	CCr >50: 500-750 mg PO BID CCr 30-49: 250-500 mg PO BID CCr <30 : 500 mg PO QD	250-500 mg q24h (투석 종료시각 기준 q24h)	250-500 mg q24h	250-500 mg q12h	No data
Quinolones	Ciprofloxacin (IV)	4	6-9	200-400 mg IV q8-12h	CCr >50: 400 mg IV q8-12h CCr 30-49: 400 mg IV q8-12h CCr <30 : 200-400 mg IV q12-24h	200-400 mg q24h (투석 종료시각 기준 q24h)	200-400 mg q24h	200-400 mg q12h	No data
Quinolones	Levofloxacin	7	76	750 mg po/IV q24h	CrCl >50: No dosage adjustment CrCl 20-49: 750 mg q48h CrCl <20: 750 mg x1, then 500 mg q48h	750 mg x1, then 500 mg q48h	750 mg x1, then 500 mg q48h	750 mg x1, then 500 mg q48h	No data
Quinolones	Moxifloxacin	10-14	Unchanged	400 mg po/IV q24h	No dosage adjustment for renal impairment				
Glycopeptides, Lipoglycopeptides, Lipopeptides	Daptomycin	8-9	30	6-10 mg/kg IV q24h	CrCl >=30: No dosage adjustment CrCl <30: 6-10 mg/kg q48h	6-10 mg/kg q48h (AD); if next dialysis is 72 hrs away, give 9-15 mg/kg	6-10 mg/kg q48h	6-8 mg/kg q24h	6 mg/kg q24h post-SLED (8-12 mg/kg for severe infection)

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Glycopeptides, Lipoglycopeptides, Lipopeptides	Teicoplanin	70-100	up to 230	Loading dose: (1) Target trough 15-30 mg/dL Day 1: 12 mg/kg q12h Day 2-3: 12 mg/kg q24h (2) Target trough 20-40 mg/dL Day 1-2: 12 mg/kg q12h Day 3: 12 mg/kg 1 dose Maintenance dose: 6.0-6.7 mg/kg q24h	Loading dose: (1) Target trough 15-30 mg/dL CCr >60: no dose adjustment CCr 30-60: - Day 1: 12 mg/kg q12h - Day 2: 10 mg/kg 1 dose - Day 3: 6-6.7 mg/kg 1 dose CCr <30: - Day 1: 12 mg/kg q12h - Day 2-3: 5 mg/kg q24h (2) Target trough 20-40 mg/dL CCr >60: no dose adjustment CCr 30-60: - Day 1: 12 mg/kg q12h - Day 2-3: 12 mg/kg 1 dose CCr <30: - Day 1: 12 mg/kg q12h - Day 2: 12 mg/kg 1 dose - Day 3: 6-6.7 mg/kg 1 dose Maintenance dose: (1) Target trough 15-30 mg/dL CCr >60 : no dose adjustment CCr 30-60 : 3-3.3 mg/kg q24h CCr <30 : 5 mg/kg q48h (2) Target trough 20-40 mg/dL CCr >60 : no dose adjustment CCr 30-60 : 5 mg/kg q24h CCr <30 : 3-3.3mg/kg q24h	Not removed by HD (use CCr <30 dosing)	No data	Loading dose: (1) target trough 15-30 Day 1: 10 mg/kg q12h Day 2-3: 10 mg/kg q24h (2) target trough 20-40 Day 1: 12 mg/kg q12h Day 2-3: 12 mg/kg q24h Maintenance dose: target trough 상관없이 3-3.3 mg/kg q24h	No data
Glycopeptides, Lipoglycopeptides, Lipopeptides	Vancomycin	6	200-250	Loading dose: 25-30 mg/kg 1회 (Max 3 gm) Maintenance dose: 15-20 mg/kg IV q8-12h	CrCl >100: No dosage adjustment CrCl >50-100: 15-20 mg/kg q12h CrCl 20-50: 15-20 mg/kg q24h CrCl <20: 15-20 mg/kg q48h	POST-HD DOSING Low perm membrane: -Load: 25 mg/kg -Maint: 7.5 mg/kg AD High perm membrane: -Load: 25 mg/kg -Maint: 10 mg/kg AD INTRADIALYTIC DOSING Low perm membrane: -Load: 30 mg/kg -Maint: 7.5-10 mg/kg High perm membrane: -Load: 35 mg/kg -Maint: 10-15 mg/kg	7.5 mg/kg q48-96h	7.5-10 mg/kg q12h (effluent 20-25 mL/kg/hr)	Loading dose: 20-25 mg/kg Maintenance: 15 mg/kg AD
Aminoglycosides	Amikacin (conventional)	2-3	30-70	7.5 mg/kg IV q12h	CrCl >50: No dosage adjustment CrCl 10-50: 7.5 mg/kg q24h CrCl <10: 7.5 mg/kg q48h (UpToDate에서는 CCr 40-50에선 q12h dosing 권고)	7.5 mg/kg q48h (+ extra 3.75 mg/kg AD)	For peritonitis only: 2 mg/kg IP once daily	7.5 mg/kg q24h	No data
Aminoglycosides	Amikacin (extended interval)	2-3	30-70	15-20 mg/kg q24h (Critically ill patient에서는 30 mg/kg도 사용 고려)	CCr >= 60: 15-20 mg/kg q24h CCr 40-59: 15-20 mg/kg q36h CCr 20-39: 15-20 mg/kg q48h CCr <20 : 금기, conventional dosing 사용	No data	No data	CVVH, CVVHDF: 25 mg/kg q48h	No data

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Aminoglycosides	Gentamicin (conventional)	2-3	30-70	2.0 mg/kg IV 1회 투여 후 1.7-2.0 mg/kg IV q8h	CCr >60: no adjustment CCr 40-60: 1.7-2.0 mg/kg q12h CCr 20-40: 1.7-2.0 mg/kg q24h CCr <20: 1.7-2.0 mg/kg q36-48h	1.7-2.0 mg/kg q48h (+ extra 0.85-1.0 mg/kg AD)	For peritonitis only: 0.6 mg/kg IP once daily	1.7-2.0 mg/kg q24h	6 mg/kg IV q48h Begin 30 min before start of SLED
Aminoglycosides	Gentamicin (extended interval)	2-3	30-70	5-7 mg/kg q24h	CCr >= 60: 5-7 mg/kg q24h CCr 40-59: 5-7 mg/kg q36h CCr 20-39: 5-7 mg/kg q48h CCr <20 : 금기, conventional dosing 사용	2 mg/kg q72h (dose AD)	For peritonitis only: 0.6 mg/kg IP once daily	No data	No data
Aminoglycosides	Gentamicin (Synergy for Gram positive)			1 mg/kg IV q8h	CCr >= 60: No dose adjustment CCr 40-59: 1 mg/kg q12h CCr 20-39: 1 mg/kg q24h CCr <20: 1 mg/kg q48h (conventional dosing의 보수적인 쪽으로 차용)	1 mg/kg q48-72h (dose AD)	For peritonitis only: 0.6 mg/kg IP once daily	No data	No data
Aminoglycosides	Tobramycin (conventional)	2-3	30-70	2.0 mg/kg IV 1회 투여 후 1.7-2.0 mg/kg IV q8h	CCr >60: no adjustment CCr 40-60: 1.7-2.0 mg/kg q12h CCr 10-40: 1.7-2.0 mg/kg q24h CCr <10: 1.7-2.0 mg/kg q48h	1.7-2.0 mg/kg q48h (+ extra 0.85-1.0 mg/kg AD)	For peritonitis only: 0.6 mg/kg IP once daily	1.7-2.0 mg/kg q24h	No data
Aminoglycosides	Tobramycin (extended interval)	2-3	30-70	5-7 mg/kg q24h	CCr >= 60: 5-7 mg/kg q24h CCr 40-59: 5-7 mg/kg q36h CCr 20-39: 5-7 mg/kg q48h CCr <20 : 금기, conventional dosing 사용	1.2-2 mg/kg q48-72h (dose AD)	No data	Loading dose: 2-3 mg/kg Maintenance dose: 1.5-2.5 mg/kg q24-48h	No data
Macrolides	Azithromycin	68	Unchanged	250-500 mg IV/po q24h	No dosage adjustment for renal impairment				No data
Macrolides	Clarithromycin	5-7	22	500 mg po q12h	CrCl >50: No dosage adjustment CrCl 10-50: 500 mg q12-24h CrCl <10: 500 mg q24h	500 mg q24h (AD on dialysis days)	500 mg q24h	500 mg q12-24h	No data
Miscellaneous	Clindamycin	2.4	Unchanged	600 mg IV q8h 150-450 mg po q6h	No dosage adjustment for renal impairment				No data
Miscellaneous	Fosfomycin PO	5.7	50	3 gm po x1	CrCl >=10: No dosage adjustment CrCl <10: Avoid use (poor urinary excretion)	No data	No data	No data	No data
Miscellaneous	Nitrofurantoin	1	No data	50 mg PO q6h	CrCl >30: No dosage adjustment CrCl <=30: Avoid use	Avoid use	Avoid use	Avoid use	No data
Miscellaneous	Fusidic acid	8.9-11	Unchanged	500 mg po q8h	No dosage adjustment for renal impairment	No data	No data	No data	No data
Miscellaneous	Metronidazole	6-14	7-21	500 mg q6-8h	CrCl >=10: No dosage adjustment CrCl <10: 500 mg q12h	500 mg q12h (dose AD)	No dosage adjustment	No dosage adjustment	500mg q12h (1 dose immediately post-SLED)

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Miscellaneous	TMP-SMX	TMP: 8-15 SMX: 10	TMP: 20-49 SMX: 20-50	Treatment: 5-20 mg/kg/day po/IV (div q6-12h) Prophylaxis: 1 DS tab po q24h or 3x/week	Treatment: CrCl >=30: No dosage adjustment CrCl 10-29: 5-10 mg/kg/day (div q12h) CrCl <10: Not recommended (if used: 5-10 mg/kg q24h) Prophylaxis: No dosage adjustment	Treatment: Not recommended (if used: 5-10 mg/kg q24h, AD on dialysis days) Prophylaxis: No data	Treatment: Not recommended (if used: 5-10 mg/kg q24h) Prophylaxis: No data	Treatment: 5 mg/kg q8h Prophylaxis: No data	No data
Polymyxins	Colistin (polymyxin E) *(Doses are mg CBA)*	6.3-12	≥48	Load: 4 x Bwt (IBW or actual BW 중 적은 쪽 기준) Loaing dose may exceed 300 mg.	CrCl ≥90: 180 mg q12h CrCl 80 to <90: 170 mg q12h CrCl 70 to <80: 150 mg q12h CrCl 60 to <70: 137.5 mg q12h CrCl 50 to <60: 122.5 mg q12h CrCl 40 to <50: 110 mg q12h CrCl 30 to <40: 97.5 mg q12h CrCl 20 to <30: 87.5 mg q12h CrCl 10 to <20: 80 mg q12h CrCl 5 to <10: 72.5 mg q12h CrCl <5: 65 mg q12h	On non-HD days, give 65 mg IV q12h. On HD days, add 40-50 mg to the daily dose after a 3-4 hr session. Give this supplement with the next regular dose after the dialysis has ended.	No data	220 mg IV q12h	Add 13 mg per hour of SLED to the baseline dose of 65 mg q12h
Tetracyclines, Glycylcyclines	Doxycycline	18	Unchanged	100 mg po q12h	No dosage adjustment for renal impairment				No data
Tetracyclines, Glycylcyclines	Minocycline	16	Unchanged	200m po loading x1, then 100 mg po q12h	No dosage adjustment for renal impairment				No data
Tetracyclines, Glycylcyclines	Tigecycline	42	Unchanged	100 mg, then 50 mg IV q12h	No dosage adjustment for renal impairment				No data
Antifungals	Fluconazole	20-50	100	100-400 mg IV/po q24h	CrCl >50: No dosage adjustment CrCl <=50: 50-200 mg q24h	50-200 mg q24h on non-dialysis days, 100-400 mg (full dose) AD on dialysis days	50-200 mg q24h	At least 2x usual dose suggested	800 mg load then 400 mg q12h
Antifungals	Voriconazole	Dose-dependent	Dose-dependent	Loading dose: 6 mg/kg IV/PO q12h x2 doses Maintenance dose: 4 mg/kg IV/PO q12h	No dosage adjustment for renal impairment. Avoid IV if CrCl <50 due to vehicle	No dosage adjustment	No dosage adjustment	No dosage adjustment	No data
Antifungals	Posaconazole	20-66	Unchanged	Loading: 300 mg bid for 2 doses Maintenance: 300 mg qd	No dosage adjustment for renal impairment. Avoid IV if CrCl <50 due to vehicle	No dosage adjustment	No dosage adjustment	No dosage adjustment	No data
Antifungals	Isavuconazole	130	Unchanged	200mg po/iv q24h	No dosage adjustment for renal impairment				SLED may ↓ plasma conc
Antifungals	Caspofungin	13	Unchanged	75 mg IV loading 1회 이후 50 mg IV q24h	No dosage adjustment for renal impairment				No data
Antifungals	Micafungin	15-17	Unchanged	100 mg IV q24h	No dosage adjustment for renal impairment			Consider 150-200 mg q24h	No data
Antifungals	Anidulafungin	26.5	Unchanged	200 mg IV loading 1회 이후 100 mg IV q24h	No dosage adjustment for renal impairment				No data

Groups	Drugs	Half-life, hrs (renal function normal)	Half-life, hrs (ESRD)	정상 신기능에서의 용량	CrCl or eGFR	Hemodialysis (*AD: after dialysis)	CAPD	CRRT	SLED
Antifungals	Amphotericin B	24 hrs-15 days	Unchanged	0.3-1.0 mg/kg/day (deoxycholate) 3-5 mg/kg/day (liposomal)	No dosage adjustment for renal impairment				
Antifungals	Flucytosine	3-5	75-200	25 mg/kg po q6h	CrCl >40: No dosage adjustment CrCl 21-40: 25 mg/kg q12h CrCl 10-20: 25 mg/kg q24h CrCl <10: 25 mg/kg q48h	25-50 mg/kg q48-72h (dose AD)	CCPD: 25 mg/kg q24h	No data	No data