

## RENAL IMPAIRMENT DOSING TABLE: ANTIBACTERIALS V2.0

### Renal Impairment Prescribing Table – ANTIBACTERIALS (Page 1 of 3)

Dose adjustments recommended in this table are applicable to the infections detailed on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) for the treatment of community infections only. **All doses are oral and for adults unless otherwise stated.** For patients on dialysis, seek advice from renal team.

**Use either eGFR or calculated CrCl figure to direct to relevant dosing column in tables below.**

Drug (oral unless otherwise stated)	Stage 3A	Stage 3B	Stage 4	Stage 5
	eGFR ( ml/min/1.73m <sup>2</sup> ) or calculated CrCl ( ml/min)			
	30 - 50		10 - 30	
<b>Amoxicillin</b>	No adjustment required		Max. 500mg every 12 hours	Max. 500mg every 24 hours
<b>Azithromycin</b>	No adjustment required			Use with caution - systemic exposure may be increased 33%
<b>Benzylopenicillin IV/IM</b>	No adjustment required for single stat dose			
<b>Cefalexin</b>	40-50: Max 3 g daily	10-40: Max 1.5g daily		<10: Max 750mg daily
<b>Cefotaxime IV/IM</b>	No adjustment required for single stat dose			
<b>Ceftriaxone IV/IM</b>	No adjustment required			
<b>Ciprofloxacin</b>	500 mg every 12 hours		500mg every 24 hours	
<b>Clarithromycin</b>	No adjustment required		Use half normal dose. Contraindicated if severe hepatic impairment also present.	
<b>Clindamycin</b>	No adjustment required			Use with caution. No adjustment required.
<b>Co-amoxiclav</b>	No adjustment required		500mg/125mg every 12 hours	500mg/125mg every 24 hours
<b>Co-trimoxazole</b>	No adjustment required		15-30: Max. 80mg/400mg every 12 hours	<15: Seek specialist advice for alternative
<b>Doxycycline</b>	No adjustment required			Use with caution - no adjustment required

HSE Antimicrobial Resistance and Infection Control Programme

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check [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)

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	eGFR ( ml/min/1.73m <sup>2</sup> ) or calculated CrCl ( ml/min)			
	30 - 50		10 - 30	<10
<b>Fidaxomicin</b>	No adjustment required			Use with caution. No adjustment required.
<b>Flucloxacillin</b>	No adjustment required			Consider dose reduction or extension of dose interval. In high dose regimens the max. recommended dose is 1 g every 8-12 hours
<b>Fosfomycin</b>	No adjustment required			Not recommended
<b>Levofloxacin</b> 500mg every 12 hours	<b>20–50:</b> Initial dose 500mg, then 250mg every 12 hours		<b>10–20:</b> Initial dose 500 mg, then 125 mg every 12 hours	<b>&lt;10</b> Initial dose 500 mg, then 125 mg every 24 hours
<b>Levofloxacin</b> 500mg every 24 hours	<b>20-50:</b> Initial dose 500mg, then 250mg every 24 hours		<b>&lt;20:</b> Initial dose 500mg, then 125mg every 24 hours	
<b>Lymecycline</b>	No adjustment required			Avoid. Seek specialist advice for alternative
<b>Metronidazole</b>	No adjustment required			
<b>Minocycline</b>	No adjustment required			Seek specialist advice for alternative

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Drug (oral unless otherwise stated)	Stage 3A	Stage 3B	Stage 4	Stage 5
	eGFR ( ml/min/1.73m <sup>2</sup> ) or calculated CrCl ( ml/min)			
	30 - 50		10 - 30	<10
<b>Nitrofurantoin</b>	<b>45-60:</b> Use with caution. Increased risk of treatment failure due to inadequate urine concentration and side effects.  <b>&lt; 45:</b> Long-term use contraindicated. May be used with caution if eGFR 30–44 as a short-course (3 to 7 days), to treat uncomplicated lower urinary-tract infection caused by suspected or proven multidrug resistant bacteria if potential benefit outweighs risk.		Contraindicated	
<b>Ofloxacin</b>	<b>20-50:</b> 200mg every 24 hours		<b>&lt;20:</b> 200mg every 48 hours	
<b>Phenoxymethylpenicillin</b>	No adjustment required			
<b>Rifampicin</b>	No adjustment required. Use with caution at doses greater than 600mg.			
<b>Trimethoprim</b>	No adjustment required		<b>15-30:</b> Normal dose for 3 days, then 50% of normal dose <b>&lt;15:</b> 50% of normal dose	50% of normal dose
<b>Vancomycin</b>	No adjustment required for the oral dosing regimen outlined on <a href="http://antibioticprescribing.ie">antibioticprescribing.ie</a> (125mg every 6 hours)			