

Stanford Health Care Antimicrobial Dosing Reference Guide

This document is also located on the SHC Intranet (<http://portal.stanfordmed.org/depts/AntimicrobialResearch/Program>) and <http://hugs.stanford.edu> - ABX Subcommittee (Approved: December 2022)

Formulas for dosing weights: Ideal body weight (IBW) (male) = 50kg + (2.3 x height in inches - 60 inches) - Ideal body weight (IBW) (female) = 45kg + (2.3 x height in inches - 60 inches) - Adjusted Body Weight (ABW) (kg) = IBW + 0.4 (TBW - IBW)

Drug	CrCl ≥ 50 mL/min	CrCl 10 – 50 mL/min	CrCl < 10 mL/min	Intermittent Hemodialysis (HD)	CRRT		
Acyclovir (AC) ¹⁻⁴ (Once adjusted BWT for obese)	Prophylaxis BMT	CrCl ≥ 50 250 mg/m ² q12h 2 mg/kg q12h	CrCl 25 – 50 125 mg/m ² q12h 2 mg/kg q12h	CrCl < 25 125 mg/m ² q24h 2 mg/kg q24h	CrCl < 10 50.5 mg/m ² q24h 1 mg/kg q24h	CRRT 125 mg/m ² q12h 2 mg/kg q12h	
	Therapeutic General (e.g. mucocutaneous HSV)	5 mg/kg q8h	5 mg/kg q12h	5 mg/kg q24h	2.5 mg/kg q24h	2.5 mg/kg q24h	5 – 10 mg/kg q12h
	Severe (e.g. CNS, ocular/disseminated HIV infections, Zoster)	10 mg/kg q8h	10 mg/kg q12h	10 mg/kg q24h	5 mg/kg q24h	5 mg/kg q24h	10 mg/kg q12h
	Prophylaxis BMT	CrCl ≥ 50 500 mg BID	CrCl 25 – 50 400 mg BID	CrCl < 25 200 mg BID	CrCl < 10 200 mg daily	HD 200 mg daily	CRRT No data
	Therapeutic General (e.g. mucocutaneous HSV)	400 mg BID	400 mg BID	200 mg BID	200 mg daily	200 mg daily	No data
	Severe (e.g. CNS, ocular/disseminated HIV infections, Zoster)	800 mg q8h At 200 mg for daily 800 mg q4h per 16h interval Consider valacyclovir for less frequent dosing		200 mg q8h 800 mg q4h	200 mg q12h 800 mg q12h	200 mg q12h 800 mg q12h	No data No data
Amikacin ^{1,2,3,4} (Once adjusted BWT in obese) Refer to Antimicrobials Dosing Guide	Conventional dosing	CrCl ≥ 60 5 – 7.5 mg/kg q8h	CrCl 40 – 60 5 – 7.5 mg/kg q12h	CrCl 20 – 40 5 – 7.5 mg/kg q24h	CrCl < 20 5 mg/kg load, then by level		10 mg/kg load, then 7.5 mg/kg q24-48h
	High-dose extended interval dosing	15 – 20 mg/kg q24h	15 mg/kg q24h	CrCl < 20: 10 mg/kg q48h CrCl < 20: Not recommended	at 7.5 mg/kg q48-72h	consult pharmacist	Severe/MOIs/organisms: 20 mg/kg q48h consult pharmacist
	Timing of levels: Draw trough 30 min prior to 4 th dose. Draw peak 30 min after infusion ends. Once daily dosing: goal peak 25 – 60 mg/mL; goal trough < 4 mg/mL. Conventional dosing: goal peak 25 – 35 mg/mL for serious infections; 15 – 20 mg/mL for UTI; goal trough < 4 – 8 mg/mL.						
	Usual dose: 500 – 1,000mg q8-12h or 875 mg q12h CAB: 1,000 mg q8h Hypert: 1,000 mg q12h Procedural use: 2,000 mg x 1	CrCl 15-30: 250 – 500 mg q12h	250 – 500 mg q24h	250 – 500 mg q24h; administer additional dose at the end of dialysis	No data		
	Usual dose: 250 – 500 mg q8h or 875 mg q12h CAB: 1,000 mg q8h Hypert: 1,000 mg q12h Procedural use: 2,000 mg x 1	CrCl < 30: Do not use 875 mg tablet CrCl 15 – 30: 250 – 500 mg q12h	250 – 500 mg q24h	250 – 500 mg q24h; administer additional dose at the end of dialysis	No data		
	3 – 5 mg/kg/6h	No change	No change	No change	No change	No change	
Ampicillin (AC) ¹⁻⁴	Mild/uncomplicated: 5 – 2 g q6h Meningitis/endocarditis/PJ: 2 g q6h	Mild/uncomplicated: 1 g q6-8h Meningitis/endocarditis/PJ: 2 g q6-12h	Mild/uncomplicated: 1 g q12h Meningitis/endocarditis/PJ: 2 g q12-24h, or 1 g q6h	Mild/uncomplicated: 1 g q12h Meningitis/endocarditis/PJ: 2 g q12-24h	CVVH: 2 g q6-12h CVVHD: 3 g q6-8h Meningitis/endocarditis/PJ: 2 g q6h		
	1.5 – 3 g q6h	CrCl < 30: 1.5 – 3 g q12h	CrCl < 15: 1.5 – 3 g q24h	1.5 – 3 g q12-24h; dose daily, but after HD on HD days	3 g q6-8h		
Arithromycin (AC) ¹⁻⁴	500 mg q24h 5 – 2 g q6h Severe/Meningitis: 2 g q6-8h	No change CrCl < 30: 1 g q6h Severe/Meningitis: 1 g q6-8h	No change 500 mg q6h Severe/Meningitis: 1g q12h	No change 1 g q24h Severe/Meningitis: 1 g q12h	No change 2 g load, then 1 g q6h or 1g – 2 g q12h		
	70 mg x 1, then 50 mg q24h Endocarditis/Endocarditis: 150 mg q24h Dose adjustments are not required for Child-Pugh B or C patients						No change
Cefazolin ^{1-4,5,6}	CrCl < 30: Mild/moderate: 1 g q6h Severe: 2 g q6h	CrCl 15 – 30: Mild/moderate: 1 g q12h Severe: 2 g q12h	Mild/moderate: 1g q24h Severe: 2 g q24h	1 g q24h; dose daily, but after HD on HD days at 2g/2g/2g post HD only	2 g q12h		

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AN Whitehead



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