

Antibiotic Dosing Guidelines for Renal Impairment

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	CrCl >50ml/min	CrCl 25-49ml/min	CrCl 10-24ml/min	CrCl <10ml/min
Amoxicillin	Q8h	Q12h	Q12h	Q24h

	CrCl <30ml/min	CrCl 10-30ml/min	CrCl <10ml/min	
AmoxiClav (Clavulin®)	Do not use 875mg or XR	250-500mg Q12h	250-500mg Q24h	

	CrCl 30-50ml/min	CrCl 10-30ml/min	CrCl <10ml/min	
Ampicillin	Q6-8h	Q8-12h	Q12h	

	CrCl <10ml/min			
Azithromycin (Zithromax®)	Use with caution			

	CrCl <50ml/min			
Cefaclor (Ceclor®)	Give 50% of dose			

	CrCl 21-60ml/min	CrCl <20ml/min		
Cefixime (Suprax®)	75% of standard dose	50% of standard dose		

	CrCl <30ml/min			
Cefprozil (Cefzil®)	50% of standard dose			

	CrCl 10-20ml/min	CrCl <10ml/min		
Cefuroxime (Ceftin®, Zinacef®)	Q12h	Q24h		

	CrCl 10-40ml/min	CrCl <10ml/min		
Cephalexin (Keflex®)	250-500mg Q8-12h	250mg Q12-24h		

	CrCl >50ml/min	CrCl 25-49ml/min	CrCl 10-24ml/min	CrCl <10ml/min
Ciprofloxacin (Cipro®)	500-750mg Q12h	500-750mg Q12-24h (Max daily dose 1000mg)	250-500mg Q24h (Max daily dose 500mg)	250-500mg Q24h

	CrCl <30ml/min			
Clarithromycin (Biaxin®)	50% standard dose or double the dosing interval			

	Renal Impairment	Severe Hepatic Disease		
Clindamycin (Dalacin®)	No adjustment necessary	Adjustment recommended		

	CrCl >50ml/min	CrCl 15-49ml/min	CrCl <15ml/min	
Cotrimoxazole (Bactrim®)	1 DS tab Q12h	1 DS tab Q24h	Not recommended	

	Renal Impairment			
Doxycycline (Vibramycin®, Vibra-tabs®)	No adjustment needed			

	Renal Impairment			
Erythromycin	No adjustment needed			

	CrCl 10-50ml/min	CrCl <10ml/min		
Erythromycin& Sulfisoxazole* (Pediazole®)	Q8-12h	Q12-24h		

*Sulfisoxazole must be adjusted in renal impairment

	CrCl 11-50ml/min		
Fluconazole (Diflucan®)	50% of standard dose OR regular dose q48h		

*No adjustment for vaginal candidiasis single dose therapy. For multiple dosing, administer usual loading dose then adjust daily doses.

	CrCl >50ml/min	CrCl 25-49ml/min	CrCl 10-24ml/min	CrCl <10ml/min
Levofloxacin (Levaquin®)	250-500mg Q24h	250mg Q24h	250mg Q48h	250mg Q48h

	CrCl >50ml/min	CrCl 25-49ml/min	CrCl 10-24ml/min	CrCl <10ml/min
Metronidazole (Flagyl®)	500mg q8h	No adjustment	No adjustment	50% of dose or ↑ to q12h

	Renal Impairment	Severe Hepatic Insufficiency		
Moxifloxacin (Avelox®)	No adjustment needed	Avoid use		

	CrCl <50ml/min			
Nitrofurantoin (Macrobid®)	Do not use			

	CrCl <10ml/min			
Penicillin V	250mg Q6h			

	CrCl 50-80ml/min	CrCl 10-50ml/min	CrCl <10ml/min	
Tetracycline	Q8-12h	Q12-24h	Q24h	