Renal Impairment Prescribing Table – ANTIBACTERIALS

Dose adjustments recommended in this table are applicable to the infections detailed on 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^2) or calculated **CrCl** (ml/min)			
	30 - 50		**10 - 30**	**<10**
Amoxicillin	No adjustment required		Max. 500mg every 12 hours	Max. 500mg every 24 hours
Azithromycin	No adjustment required			Use with caution - systemic exposure may be increased 33%
Benzylpenicillin IV/IM	No adjustment required for single stat dose			
Cefalexin	**40-50:** Max 3 g daily		**10-40:** Max 1.5g daily	**<10:** Max 750mg daily
Cefotaxime IV/IM	No adjustment required for single stat dose			
Ceftriaxone IV/IM	No adjustment required			
Ciprofloxacin	500 mg every 12 hours		500mg every 24 hours	
Clarithromycin	No adjustment required		Use half normal dose. Contraindicated if severe hepatic impairment also present.	
Clindamycin	No adjustment required			Use with caution. No adjustment required.
Co-amoxiclav	No adjustment required		500mg/125 mg every 12 hours	500mg/125mg every 24 hours
Co-trimoxazole	No adjustment required		**15-30:** Max. 80mg/400mg every 12 hours	**<15:** Seek specialist advice for alternative
Doxycycline	No adjustment required			Use with caution - no adjustment required
Fidaxomicin	No adjustment required			Use with caution. No adjustment required.
Flucloxacillin	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

Drug (oral unless otherwise stated)	Stage 3A	Stage 3B	Stage 4	Stage 5
	eGFR (ml/min/1.73m^2) or calculated CrCl (ml/min)			
	30 - 50		10 - 30	<10
Fosfomycin	No adjustment required			Not recommended
Levofloxacin 500mg every 12 hours	**20–50:** Initial dose 500mg, then 250mg every 12 hours		**10–20:** Initial dose 500 mg, then 125 mg every 12 hours	Initial dose 500 mg, then 125 mg every 24 hours
500mg every 24 hours	**20-50:** Initial dose 500mg, then 250mg every 24 hours		**<20:** Initial dose 500mg, then 125mg every 24 hours	
Lymecycline	No adjustment required			Avoid. Seek specialist advice for alternative
Metronidazole	No adjustment required			
Minocycline	No adjustment required			Seek specialist advice for alternative
Nitrofurantoin	**45-60:** Use with caution. Increased risk of treatment failure due to inadequate urine concentration and increased likelihood of side effects. **< 45:** 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	
Ofloxacin	**20-50:** 200mg every 24 hours		**<20:** 200mg every 48 hours	
Phenoxymethylpenicillin	No adjustment required			
Rifampicin	No adjustment required. Use with caution at doses greater than 600mg.			
Trimethoprim	No adjustment required		**15-30:** Normal dose for 3 days, then 50% of normal dose **<15:** 50% of normal dose	50% of normal dose
Vancomycin	No adjustment required for the oral dosing regimen outlined on antibioticprescribing.ie (125mg every 6 hours)			