

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

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

Drug	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	No adjustment required for single stat dose		
Cefalexin	No adjustment required		Max 250mg every 8 hours
Cefotaxime	No adjustment required for single stat dose		
Ceftriaxone	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/125 every 24 hours
Co-trimoxazole	No adjustment required	15-30: Max. 80mg/400mg every 12 hours	<15: Seek specialist advise for alternative
Doxycycline	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
Fosfomycin	No adjustment required		Not recommended

Drug	eGFR (ml/min/1.73m ²) or calculated CrCl (ml/min)		
	30 - 50	10 - 30	<10
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	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 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 and only if potential benefit outweighs risk.	Contraindicated	
Ofloxacin	20-50: 200mg every 24 hours	<20: 200mg every 48 hours	
Phenyoxymethylpenicillin	No adjustment required		
Rifampicin	No adjustment required		
Spectinomycin	No adjustment required		
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