	Dosage, by type of Renal Replacement Therapy		
Drug	**CVVH**	**CVVHD or CVVHDF**	**Comments**
Amphotericin B formulation	No adjustment	No adjustment	No adjustment
Andulifungin	No adjustment	No adjustment	
Acyclovir	5-7.5 mg/kg q24h	5 mg/kg q12hrs	
Ampicillin	2 gm q12h	2 q q8hr	
Ampicillin-sulbactam	3 g q12h	3 g q8h	
Azithromycin	500 mg daily	500 mg daily	No adjustment
Aztreonam	1-2 g q12h	2 g q12h	
Caspofungin	No adjustment	No adjustment	
Cefazolin	1-2 g q12h	2 g q12h	
Cefepime	1-2 g q12h	2 g q12h	
Cefotaxime	1-2 g q12h	2 g q12h	
Ceftazidime	1-2 g q12h	2 g q12h	
Ceftriaxone	2 g q12-24h	2 g q12-24h	
Cefuroxime	750 mg q12h	1.5 gm q8h	1.5 gm loading dose
Ciprofloxacin	200 mg q12h	400 mg q12h	
Clarithromycin	No adjustment	No adjustment	
Clindamycin	600-900 mg q8h	900 mg q8h	
Daptomycin	4 or 6 mg/kg q48h	4 or 6 mg/kg q48h	Check CPK
Fluconazole	400 mg q24h	800 mg q24h	
Imipenem-cilastatin	500 mg q8h	500 mg q6h	
Levofloxacin	500 mg q48h	750 mg q24h	750 mg loading dose
Linezolid	600 mg q12h	600 mg q12h	No adjustment
Meropenem	1 g q12h	1 g q8h	
Metronidazole	500 mg q8hrs	500 mg q8hrs	No adjustment
Micafungin	No adjustment	No adjustment	
Moxifloxacin	400 mg q24h	400 mg q24h	
Nafcillin or oxacillin	2 g q4-6h	2 g q4h	No adjustment
Penicillin	3 mill q6h	3 mill q3h	
Piperacillin-tazobactam	2.25 g q6h	3.375 g q6h	
Rifampin	600 mg q12h	600 mg q12h	No adjustment
Synercid	7.5 mg/kg q8h	7.5 mg/kg q8h	No adjustment
Ticarcillin-clavulanate	2 g q68h	3.1 g q6h	No adjustment
Vancomycin	1 g q48h	1g q24h	Loading dose is needed
Voriconazole	4 mg/kg IV q12h	4 mg/kg IV q12h	Loading dose is needed

CRRT Dosing			
Aminoglycoside	Gram-positive synergy, dosage	Infection with gram-negative bacteria	
		Loading dose	Maintenance dose
Gentamicin	1 mg/kg q24-36h	3 mg/kg	2 mg/kg q24-48h
Tobramycin	Not applicable	3 mg/kg	2 mg/kg q24-48h
Amikacin	Not applicable	10 mg/kg	7.5 mg/kg q24-48h

Dosages for Frequently Prescribed Antibiotics		
Agent	**Intermittent Dosing (In 1 exchange/day) Prefered Method**	**Continuous Dosing (In each exchange)**
Amikacin	5 mg/kg, load, 2 mg/kg maintenance	25 mg/L load, 12 mg/L maintenance
Ampicillin	250-500 mg po bid	250 mg/L, load, 125 mg/L, maintenance
Ampicillin/sulbactam	1.5 g q12h	1,000 mg/L, load, the 100 mg/L maintenance
Cefazolin or	500 mg/L or 15 mg/kg	500 mg/L, load, 125 mg/L maintence
Cefotaxime	2,000 mg	500 mg/L, load 250 mg/L, maintenance
Ceftazidime	1,000 mg	250 mg/L, load, 125 mg/L, maintenance
Ceftizoxime	1,000 mg	250 mg/L, load, 125 mg/L, maintenance
Ceftriaxone	1,000 mg	250 mg/L, load, 125 mg/L, maintenance
Gentamicin, tobromycin, Neitilmicin	1.5 mg/kg, load	8 mg/L, load, 4 mg/L maintenace
TMP/SMX	320/1,600 q 1–2 days po	320/1,600 mg po, load, 80/400 po maintence
Vancomycin	15–30 mg/kg q 5–7 days	1,000 mg/L, load, 25 m/L maintence

Can further individualize dose based upon these targets:

Cephalosporins: Drug concentrations need to exceed the MIC for at least 25-40% of the dosing interval. Drug concentrations 4 - 8 x MIC are required. Exhibits time dependent killing

Daptomycin: Target Cmax 65-70 mcg/ml; Target Cmin 8-10 mcg/ml. Exhibits concentration dependent killing.

Fluconazole: What are your thoughts on loading doses? IDSA guidelines: Cmax 16-32 for intermediately resistant Candida.

Imipenem-cilastatin: Target Css average = 12 mcg/ml to ensure that concentrations remain above the MIC for intermediately resistant Pseudomonas aeruginosa.