



DOSAGE GUIDELINES* FOR ADULT PATIENTS ON CVVHDF**

DRUG	INDICATION	DOSE	COMMENTS
ACYCLOVIR IBW	HSV Pneumonitis	5 mg/kg (IBW) IV q 24 h	
ACYCLOVIR IBW	Zoster or Encephalitis	10 mg/kg (IBW) IV q 24 h	
AMIKACIN AdjWt	Sepsis or Pneumonia	15-20 mg/kg q48h	Check serum concentrations 2h post first dose and random day 3 am
AMPHOTERICIN B	Sepsis or Pneumonia	Usual dosage	
AMPICILLIN	Sepsis or Pneumonia	2 g IV q 8 h	
AMPICILLIN / SULBACTAM	Sepsis or Pneumonia	3 g IV q 8 h	
CEFAZOLIN	Sepsis or Pneumonia	2 g IV q 12 h	
CEFEPIME	Sepsis or Pneumonia	1 g IV q 12 h	
CEFEPIME	MDR GNR*, Pseudomonas aeruginosa	2 g IV q 12 h	
CEFTAZIDIME	Sepsis	1 g IV q 12 h	
CEFTAZIDIME	Pneumonia	2 g IV q 12 h	
CEFTAROLINE	Pneumonia	400 mg q 12 h	
CEFTRIAZONE	Sepsis or Pneumonia	Usual dosage	
CEFUROXIME	Sepsis or Pneumonia	750 mg IV q 8-12 h	
CIPROFLOXACIN AdjWt	Sepsis or Pneumonia	200 mg IV q 8-12 h	
CO-TRIMOXAZOLE AdjWt	Sepsis or Pneumonia	2.5 mg/kg q 8-12 h	Monitor levels & pertinent labs
COLISITIMETHATE IBW	Sepsis or Pneumonia	100-150mg q8h	
DAPTOMYCIN TBW	SSSI, Bacteremia or Endocarditis	4-8 mg/kg q 24 h	
ERTAPENEM	cSSSI, Bacteremia or pneumonia	500 mg q 24 h	
FLUCONAZOLE TBW	Sepsis or Pneumonia	400-800 mg IV q 24 h	400 mg for sensitive Candida species, 800 mg for kruseii or glabrata
FLUCYTOSINE IBW	Meningitis	HIV: 25 mg/kg q 12 h	Monitor according to critical care standards
		non-HIV: 37.5 mg/kg q12h	
FOSCARNET TBW	All uses	CONSULT CLINICAL PHARMACIST	
GANCICLOVIR AdjWt	Sepsis or Pneumonia (Induction only)	2.5 mg/kg q24h	Monitor CBC.
GENTAMICIN AdjWt	Synergy	1.5 mg/kg, then 1 mg/kg q24h	Check serum concentrations 2h post first dose and random day 3 am
GENTAMICIN AdjWt	Sepsis or Pneumonia	5-7 mg/kg q48h	Check serum concentrations 2h post first dose and random day 3 am
IMIPENEM	Sepsis or Pneumonia MIC<2	500 mg IV q 12 h	
IMIPENEM	Sepsis or Pneumonia MIC 2-4 or Pseudomonas aeruginosa	500 mg IV q 8 h	
IMIPENEM	Sepsis or Pneumonia MIC 4-8	500 mg IV q 6 h	



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LINEZOLID	Sepsis or Pneumonia	600 mg IV q 12 h	
MEROPENEM	Sepsis	1000 mg IV q 12 h	
MEROPENEM	Pneumonia	1000 mg IV q 8 h	
METRONIDAZOLE	Sepsis or Pneumonia	500 mg IV q 8 h	Monitor pertinent labs
MICAFUNGIN	Yeast or mold	100-150 mg IV q 24 h	
PIPERACILLIN/TAZOBACTAM	Sepsis or Pneumonia	3.375 g q 8 h (4-hr inf.)	Extended Infusion over 4 hrs
PIPERACILLIN/TAZOBACTAM	MDR GNR*, Pseudomonas aeruginosa	3.375 g q 8 h (4-hr inf.)	Extended Infusion over 4 hrs
TIGECYCLINE	Sepsis or Pneumonia	100 mg IV load, then 50 mg IV q 12 h	Unchanged in renal failure, not removed by dialysis
TOBRAMYCIN AdjWt	Synergy	1.5 m/kg x1, then 1 mg/kg q24h	Check serum concentrations 2h post first dose and random day 3 am
TOBRAMYCIN AdjWt	Sepsis or Pneumonia	5-7 mg/kg q48h	Check serum concentrations 2h post first dose and random day 3 am
VANCOMYCIN AdjWt	Sepsis or Pneumonia	20 mg/kg load, 15 mg/kg q 24 h	Check serum concentrations 2h post first dose and random day 3 am
VORICONAZOLE TBW	Sepsis or Pneumonia	4-6 mg/kg PO q 12 h	Do not use IV voriconazole: accumulation of vehicle
*MDR GNR = multidrug-resistant gram-negative rods			
CARDIOVASCULAR DRUGS			
DIGOXIN IBW		Dose based on residual CLcr	Monitor according to critical care standards
DOBUTAMINE		Usual dosage	
DOPAMINE		Usual dosage	
LIDOCAINE LD AdjWt MD IBW		Usual dosage	Monitor according to critical care standards
AMIODARONE IBW		Usual dosage	Monitor according to critical care standards
GASTROINTESTINAL DRUGS			
FAMOTIDINE		20 mg IV q 24 h	
METOCLOPRAMIDE		Usual dosage	
IMMUNOSUPPRESSIVE DRUGS			
CYCLOSPORINE IBW		Usual dosage	
SIROLIMUS IBW		Usual dosage	
TACROLIMUS IBW		Usual dosage	
NEUROLOGICAL DRUGS			
PHENYTOIN LD TBW MD IBW		Usual dosage	Monitor according to critical care standards
PHENOBARBITAL LD TBW MD AdjWt		3 x maintenance dosage	Check concentration 24-48 hours after initiation of CVVHDF
(Assuming net ultrafiltration formation rate of 0.7 L/h, blood flow of 100 mL/min, and dialysis flow rate 1L/hr)			
**Check 4-24 h urine CLcr during CVVHDF if total 24 hour urine output is > 500 mL q 24 h			
Revised 04/17 (Linda Awdishu, PharmD, Charles James PharmD)			
References upon request. As with any quick reference, this is not intended to replace clinical judgement.			