



## Standard and High Dose Antibiotic Dosing Regimens

Doses provided are doses required to treat organisms reported as **S – susceptible using standard dose** and **I – susceptible at increased exposure**. Doses do not directly relate to clinical severity or type of infection. The BNF, local policies and clinical microbiologist should be consulted for specific conditions and severity.

### Main oral antibiotics affected by new I – susceptible at increased exposure category

Antibiotic	Standard dose	High dose 'increased exposure'	Additional information
Amoxicillin-clavulanic acid (co-amoxiclav)	625mg TDS	625mg co-amoxiclav <u>plus</u> 500mg amoxicillin TDS (both antibiotics taken at same time)	
Clarithromycin	250mg–500mg BD	500mg BD	
Erythromycin	500mg QDS	1g QDS	
Doxycycline	loading dose 200mg then 100mg OD	200mg OD	
Ciprofloxacin	500mg BD	750mg BD	
Levofloxacin	500mg OD/BD	500mg BD	
Clindamycin	450mg QDS	600–900mg* QDS	* PO doses above 450mg can be associated with GI intolerance, switch to IV would be required
Trimethoprim-sulfamethoxazole	960mg BD	1.44g BD	

### Expanded table of antibiotics affected by new I – susceptible at increased exposure category

Penicillins	Standard dose	High dose 'increased exposure'	Additional information
Benzylpenicillin	600mg (1MU) QDS	1.2g (2 MU) 4–6hrly	<b>Meningitis caused by <i>S. pneumoniae</i>:</b> Use dose of 2.4 g (4 MU) 4-hrly <b>Pneumonia caused by <i>S. pneumoniae</i>:</b> may require high dosing, see your local policy and/or discuss with clinical microbiologist.
Ampicillin	2g TDS	2g QDS	
Amoxicillin IV	1g TDS/QDS	2g 4-hrly	<b>Meningitis:</b> must use 2g 4-hrly
Amoxicillin PO	500mg TDS	1g TDS	
Amoxicillin-clavulanic acid (co-amoxiclav) IV	1.2g TDS	1.2g of co-amoxiclav <u>plus</u> 1g amoxicillin TDS (both antibiotics given at same time)	

Penicillins	Standard dose	High dose 'increased exposure'	Additional information
<b>Amoxicillin-clavulanic acid (co-amoxiclav) PO</b>	625mg TDS	625mg co-amoxiclav plus 500mg amoxycillin TDS (both antibiotics taken at same time)	
<b>Piperacillin-tazobactam</b>	4.5g TDS	4.5g QDS	
<b>Phenoxymethylpenicillin (Penicillin V)</b>	500mg–1g QDS	NA	
<b>Flucloxacillin IV</b>	2g QDS IV	2g 4-hrly IV	<b>Severe infection:</b> use high dose
<b>Flucloxacillin PO</b>	500mg–1g QDS	1g QDS	
<b>Pivmecillinam (mecillinam)</b>	200–400mg TDS/QDS	NA	Only suitable for use in uncomplicated UTI
<b>Temocillin</b>	2g BD	2g TDS	BD dose can be used in UTI

Cephalosporins	Standard dose	High dose 'increased exposure'	Special situations
<b>Cefadroxil</b>	500mg–1g BD	NA	
<b>Cefalexin</b>	250mg QDS or 500mg–1g BD/TDS	NA	Dose depends on clinical situation. <b>Pyelonephritis:</b> use highest dose possible.
<b>Cefazolin</b>	1g TDS	2g TDS	
<b>Cefepime</b>	1–2g BD	2g TDS	
<b>Cefiderocol</b>	2g TDS	NA	
<b>Cefixime</b>	200–400mg daily in 1–2 divided doses	NA	<b>Uncomplicated gonorrhoea:</b> 400mg oral as a single dose
<b>Cefotaxime</b>	1g TDS	2g TDS/QDS	<b>Severe infection including Meningitis:</b> 2g QDS <b>S. aureus:</b> High dose should be used
<b>Ceftaroline</b>	600mg BD	600mg TDS	
<b>Ceftazidime</b>	1g TDS	2g TDS	
<b>Ceftazidime-avibactam</b>	2g ceftazidime + 500mg avibactam TDS	NA	
<b>Ceftobiprole</b>	500mg TDS	NA	
<b>Ceftolozane-tazobactam (intra-abdominal infections and UTI)</b>	1g ceftolozane + 500mg tazobactam TDS	NA	
<b>Ceftolozane-tazobactam (hospital acquired pneumonia, including ventilator associated pneumonia)</b>	2g ceftolozane + 1g tazobactam TDS	NA	
<b>Ceftriaxone</b>	2g OD	2g BD or 4g OD	<b>Meningitis:</b> high dose only <b>S. aureus:</b> high dose only <b>Uncomplicated gonorrhoea:</b> 1g IM as single dose
<b>Cefuroxime iv</b>	750mg TDS/QDS	1.5g TDS/QDS	

Carbapenems	Standard dose	High dose 'increased exposure'	Special situations
Ertapenem	1g OD	NA	
Imipenem-cilastatin	500mg imipenem + 500mg cilastatin QDS	1g imipenem + 1g cilastatin QDS	
Imipenem-relebactam	500mg imipenem + 250mg relebactam QDS	NA	
Meropenem	1g TDS	2g TDS	Meningitis: high dose only
Meropenem-vaborbactam	2g meropenem + 2g vaborbactam TDS	NA	

Monobactams	Standard dose	High dose 'increased exposure'	Special situations
Aztreonam	1g TDS or 2g BD	2g QDS	

Fluoroquinolones	Standard dose	High dose 'increased exposure'	Special situations
Ciprofloxacin IV	400mg BD	400mg TDS	
Ciprofloxacin PO	500mg BD	750mg BD	
Levofloxacin IV/PO	500mg OD/BD	500mg BD	
Moxifloxacin IV/PO	400mg OD	NA	
Ofloxacin	200mg BD	400mg BD	

Aminoglycosides	Standard dose	High dose 'increased exposure'	Special situations
Amikacin	Follow hospital guideline	NA	Therapeutic drug monitoring required
Gentamicin	Follow hospital guideline	NA	Therapeutic drug monitoring required
Tobramycin	Follow hospital guideline	NA	Therapeutic drug monitoring required

Glycopeptides and lipoglycopeptides	Standard dose	High dose 'increased exposure'	Special situations
Dalbavancin	1g single dose + 500mg OD on day 8 or 1.5g stat dose with no further doses	NA	
Teicoplanin	6mg/kg* BD for 3 doses, then OD	12mg/kg* BD for 3 doses, then OD	*Up to a maximum of 1g dose. For severe and deep-seated infection: use high-dose. Therapeutic drug monitoring may be required in prolonged treatment.
Vancomycin	Follow hospital guideline	NA	Therapeutic drug monitoring required

Macrolides, lincosamides and streptogramins	Standard dose	High dose 'increased exposure'	Special situations
Azithromycin	500mg OD	NA	Uncomplicated gonorrhoea: 2g oral as a single dose
Clarithromycin IV/PO	250mg–500mg BD	500mg BD	

Macrolides, lincosamides and streptogramins	Standard dose	High dose 'increased exposure'	Special situations
Erythromycin IV/PO	500mg QDS	1g QDS	If using IV preparation: use 12.5mg/kg dosing
Clindamycin	450mg QDS	600–900mg* QDS	* PO doses above 450mg can be associated with GI intolerance, switch to IV would be required
Tetracyclines	Standard dose	High dose 'increased exposure'	Special situations
Doxycycline	200mg loading dose then 100mg OD	200mg OD	
Minocycline	100mg BD	NA	
Tetracycline	250mg QDS	500mg QDS	
Tigecycline	100mg loading dose then 50mg BD	NA	Severe infection: discuss with microbiologist, double-dosing (unlicensed) may be required
Oxazolidinones	Standard dose	High dose 'increased exposure'	Special situations
Linezolid	600mg BD	NA	
Tedizolid	200mg OD	NA	
Miscellaneous agents	Standard dose	High dose 'increased exposure'	Special situations
Chloramphenicol	12.5mg/kg QDS	25mg/kg QDS*	Meningitis: High dose must be given *High dosing increases the chance of toxicity and should be discussed with a Microbiologist with an aim to reduce dosing as soon as possible or change to alternative agent.
Colistin	Follow hospital guideline	NA	Monitor renal function. Therapeutic drug monitoring required with prolonged dosing.
Daptomycin	Discuss with Microbiologist	NA	Dose depends on clinical situation
Fosfomycin IV	Discuss with Microbiologist	8g TDS	Dose depends on clinical situation
Fosfomycin PO	3g stat (further dose 48hrs later if required)	NA	Only suitable for uncomplicated UTI. Occasionally used in prostatitis at unlicensed dosing (discuss with microbiologist).
Fusidic acid PO/ Sodium fusidate IV	500mg TDS	500mg TDS	
Metronidazole	400mg TDS oral or 500mg TDS IV	500mg TDS	
Nitrofurantoin	50mg QDS or 100mg BD (modified release product)	NA	Only suitable for uncomplicated UTI. Dosing is dependent on drug formulation, see BNF for details.
Rifampicin	300mg BD	450–600mg BD	TB dosing: 600mg OD
Trimethoprim	200mg BD	NA	
Trimethoprim-sulfamethoxazole IV/PO	960mg BD	1.44g BD	PCP: much higher doses required. Consult guideline or discuss with microbiologist.