

Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: General Principles

General Principles

1. Many medicines are excreted by the kidneys and require dose adjustment in renal impairment.
2. Antimicrobial dosage depends on the type and severity of the infection, sensitivity of the causative organism and the general condition of the patient.
3. For **severe** infections the higher end of the dose range should be used for loading dose/initial treatment.
4. For most drugs, although the size of the maintenance dose is reduced, it is important to still give a loading dose when recommended.
5. Caution if concomitant hepatic and renal impairment – a further reduction in dosing may be indicated.
6. Always check for [drug interactions](#) when prescribing antimicrobials. See [Appendix 5](#) for information on resources available in LUH to check interactions.
7. There is inconsistency among published sources of information on drug dosing in renal impairment. Recommendations in these guidelines are largely derived from The Renal Drug Database, and in some cases from the BNF and Summary of Product Characteristics (SPC) for the drug. The BNF and manufacturers recommendations (SPC) tend to be more conservative than The Renal Drug Database.
8. Doses of Antimicrobials in renal impairment are outlined in the [Table](#) . Antimicrobials marked with an asterix have significant differences in dosing between reference sources. In some cases a dose range is give - the higher end of the range should be used for severe infections. See [HPRA.ie](#) for licensed dose recommendations.
9. **“Usual”** dose refers to the dose and interval recommended for adults with normal renal and hepatic function e.g. in LUH Antimicrobial Guidelines, BNF or SPC.