**Table 8. Pediatric parental antimicrobial dosage guidelines**

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Usual Dosages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTIBACTERIAL AGENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>10 - 40 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Amoxicillin/Clavulanate</td>
<td>1500 - 6000 mg/day divided q6-8 h</td>
</tr>
<tr>
<td>Penicillin G Sodium</td>
<td>50 - 100 mg/kg/day divided q6-12 h</td>
</tr>
<tr>
<td>Cephalosporins</td>
<td>10 - 30 mg/kg/day divided q6-12 h</td>
</tr>
<tr>
<td>Aminoglycosides</td>
<td>4 - 6 mg/kg q12h</td>
</tr>
<tr>
<td>Vancomycin</td>
<td>10 - 20 mg/kg/day divided q12h</td>
</tr>
<tr>
<td>Meropenem</td>
<td>100 - 200 mg/kg/day divided q6h</td>
</tr>
<tr>
<td>Piperacillin</td>
<td>500 - 1000 mg/kg/day divided q6h</td>
</tr>
<tr>
<td>Penicillin V Potassium</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Penicillin G Sodium</td>
<td>50 - 100 mg/kg/day divided q6-12h</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Cefuroxime</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Cefoxitin</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Cefotaxime</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Ceftazidime</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>10 - 30 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>50 - 150 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Tazobactam</td>
<td>50 - 150 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Piperacillin/Tazobactam</td>
<td>500 - 1000 mg/kg/day divided q6h</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIFUNGAL AGENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Fluconazole</td>
<td>200 - 400 mg/kg/day divided q6h</td>
</tr>
<tr>
<td>Amphotericin B</td>
<td>25 - 100 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIVIRAL AGENTS</strong></td>
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</tr>
<tr>
<td>Acyclovir</td>
<td>10 - 20 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td>Ganciclovir</td>
<td>100 - 200 mg/kg/day divided q6-8 h</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
</tr>
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<td>20 - 50 mg/kg/day divided q6-8 h</td>
</tr>
</tbody>
</table>

**Table 9. Pediatric dosing recommendations in renal impairment**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Creatinine Clearance (CL in mL/min/1.73 m²)</th>
<th>Suggested dosage adjustment based on normal dose</th>
<th>Recommended for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td>&gt; 120</td>
<td>&gt; 75 mg/kg/day divided q6-8 h</td>
<td>NO CHANGE NECESSARY</td>
</tr>
<tr>
<td></td>
<td>50-120</td>
<td>25 - 75 mg/kg/day divided q6-8 h</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30-50</td>
<td>10 - 25 mg/kg/day divided q6-8 h</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10-30</td>
<td>0 - 10 mg/kg/day divided q6-8 h</td>
<td></td>
</tr>
</tbody>
</table>

To estimate creatinine clearance (CL(CR)) use the following calculation:

\[
CL(CR) = \frac{K \times \text{height (cm)} \times 88.4}{S_{\text{CR}}} 
\]

where:

- \( K \) = age-specific constant:
  - < 1 year: 0.55
  - 1 - 12 years: 0.7

Suggested dosages: NO recommendation for oral administration due to limited information about the effectiveness of Phosphorus require.

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**For further information contact:**

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or

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Prepared by:
Department of Clinical Microbiology, Health Sciences Centre

Children’s Hospital Antibiogram for 2014
(Based on data from 2013)
This guide is provided as an educational resource for physicians and other healthcare professionals caring for patients at the Winnipeg Children’s Hospital. The authors of the guide have made every effort to ensure that the information contained in it is accurate at the time of publication. Users of the guide are encouraged to consult other references to confirm the information presented in it. The authors are not responsible for errors, omissions, inaccuracies, or the continued completeness of the information contained in the guide. The information in the guide should not be used or relied upon to replace the skills and professional judgment required to determine appropriate patient care and treatment. Also, the guide is not intended to replace or to be used as a substitute for the complete prescribing information prepared by each pharmaceutical manufacturer for their anti-infective agents. Because of possible changes in anti-infective indications, changes in dosage information, differences in patients’ response to therapy, newly described toxicities, drug-drug interactions, and other items of importance, reference to complete prescribing information is recommended before any of the anti-infective agents described in the guide are used.

**DISCLAIMERS**

The information presented in the antibiogram is intended only to guide initial empiric anti-infective agent therapy at the Winnipeg Children’s Hospital. Initial broad-spectrum empiric therapy should be focused to the most appropriate narrow-spectrum agents based on Monitoring Identification of pathogen(s) and known susceptibility patterns. If the situation permits, consideration should be given for equally efficacious but less expensive anti-infective agents for empiric therapy or when streamlining of therapy is desired if the situation permits.

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**HINTS TO HELP USE THE ANTI-BIOTIC REPORT**

- The information in the antibiogram is compiled at the Winnipeg Children’s Hospital.
- The information is most useful if it is used in conjunction with clinical and laboratory data.
- The information is updated regularly by the laboratory.
- The information is to be used as a guide in empirical therapy.
- The information should not be used as a substitute for the complete prescribing information prepared by each pharmaceutical manufacturer.
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