TABLE 2. ANTIBIOTIC DOSAGE FOR THERAPY OF INTRA- ABDOMINAL INFECTION

ANTIBIOTIC	ADULT DOSAGE[a]
Beta-lactam/Beta-lactamase inhibitor combination	
Piperacillin-tazobactam	3.375 g every 6 h[b]
Ticarcillin-clavulanic acid	3.1 g every 6 h; FDA labeling indicates 200 mg/kg/day in divided doses every 6 h for moderate infection and 300 mg/kg/day in divided doses every 4 h for severe infection
Carbapenems	
Doripenem	500 mg every 8 h
Ertapenem	1 g every 24 h
Imipenem/cilistatin	500 mg every 6 h or 1 g every 8 h
Meropenem	1 g every 8 h
Cephalosporins	
Cefazolin	1–2 g every 8 h
Cefepime	2 g every 8–12 h
Cefotaxime	1–2 g every 6–8 h
Cefoxitin	2 g every 6 h
Ceftazidime	2 g every 8 h
Ceftriaxone	1–2 g every 12–24 h
Cefuroxime	1.5 g every 8 h
Tigecycline	100 mg initial dose, then 50 mg every12 h
Fluoroquinolones	
Ciprofloxacin	400 mg every 12 h
Levofloxacin	750 mg every 24 h
Moxifloxacin	400 mg every 24 h
Metronidazole	500 mg every 8 h or 1500 mg every 24 h
Aminoglycosides	
Gentamicin or tobramycin	5–7 mg/kg[c] every 24 h[d]
Amikacin	15–20 mg/kg[c] every 24 h[d]
Aztreonam	1–2 g every 6–8 h
Vancomycin	15–20 mg/kg[e] every 8–12 h
Daptomycin	6 mg/kg/dose IV once daily

NOTE. FDA, United States Food and Drug Administration.

[a] Dosages are based on normal renal and hepatic function. Product package inserts and/or current published literature should be consulted for dosage adjustments in patients with impaired renal or hepatic function.
[b] For Pseudomonas aeruginosa infection, dosage may be increased to 3.375 g every 4 h or 4.5 g every 6 h.
[c] Initial dosage regimens for aminoglycosides should be based on adjusted body weight = lean body weight plus 40% of estimated adipose tissue mass, i.e., actual body weight - lean body weight.
[d] Serum drug-concentration monitoring should be considered for dosage individualization.
[e] Initial dosage regimens for vancomycin should be based on total body weight.

Adapted from: Solomkin JS, Mazuski JE, Bradley JS, et al. Diagnosis and Management of Complicated Intra-abdominal Infection in Adults and Children: Guidelines by the Surgical Infection Society and the Infectious Diseases Society of America. Clin Infect Dis 2010;50 (15 January): 133-64.