

Appendix 1. Antibiotic dosing recommendations for hemodialysis associated infection and peritoneal dialysis-catheter peritonitis # (5)

Pathogens	Antibiotic*	Comments ⁺
Gram positive, including <i>S. aureus</i> and CoNS	<p>Hemodialysis associated infection:</p> <ul style="list-style-type: none"> • Cefazolin 2 g IV post-HD, or • Vancomycin IV <p>PD-catheter peritonitis (14 to 21-day treatment duration):</p> <ul style="list-style-type: none"> • Cefazolin 15 to 20 mg/kg IP daily, or • Vancomycin 15 to 30 mg/kg IP, repeat doses dependent on serum levels 	Vancomycin IV doses are adjusted based on pre-dialysis vancomycin serum concentrations
Gram negative, including Pseudomonas	<p>Hemodialysis associated infection:</p> <ul style="list-style-type: none"> • Ceftazidime 1 g IV post-HD, or • Gentamicin or tobramycin 1 mg/kg IV at end of HD session (Max 100 mg) <p>PD-catheter peritonitis (14 to 21-day treatment duration):</p> <ul style="list-style-type: none"> • Ceftazidime 1500 mg IP daily, or • Gentamicin or tobramycin 0.6 mg/kg IP daily 	Early switch to a non-aminoglycoside (as guided by cultures) is recommended to minimize risk of ototoxicity.
Fungal prophylaxis	Fluconazole 200 mg PO every other day, or Nystatin 500,000 units PO QID	In PD-catheter peritonitis, empiric systemic antifungal prophylaxis used throughout duration of antibacterials reduces incidence of fungal peritonitis.

Refractory PD-catheter peritonitis is characterized by failure of the PD effluent to clear within 5-days of appropriate antibiotics, whereas recurrent PD-catheter peritonitis is a peritonitis episode occurring within 4-weeks of completing therapy for a prior episode

* Dosing of IP antibacterials (at listed doses) requires dwell time of at least 6 hours

⁺ ID consultation can optimize type and duration of therapy based on microbiological cultures and plan for catheter salvage