**SECTION 1: COMMENCEMENT OF REMAP-CAP ANTIBIOTIC**

REMAP-CAP allocates antibiotic agent(s), however, the dose and frequency of the allocated antibiotic therapy are up to the treating clinician.

The antibiotic(s) the patient has been allocated to receive should start immediately. If the patient already received dose(s) of the REMAP-CAP allocated antibiotic PRIOR to randomisation, wait until the next dose is due.

**SECTION 2: DOSING GUIDE**

The doses specified below are recommended minimum doses. These should be modified in accordance with local guidelines and/or practice.

**Normal Renal Function:**

<table>
<thead>
<tr>
<th></th>
<th>Amoxicillin-clavulanate (Augmentin)</th>
<th>Ceftriaxone</th>
<th>Levofloxacin</th>
<th>Moxifloxacin</th>
<th>Piperacillin-tazobactam (Tazocin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum dose</td>
<td>1.2 g</td>
<td>1 g</td>
<td>750 mg</td>
<td>400 mg</td>
<td>4.5 g</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Intravenous</td>
<td>Intravenous</td>
<td>Intravenous</td>
<td>Intravenous</td>
<td>Intravenous</td>
</tr>
<tr>
<td>Frequency</td>
<td>8 hourly</td>
<td>24 hourly</td>
<td>24 hourly</td>
<td>24 hourly</td>
<td>8 hourly</td>
</tr>
<tr>
<td>Plus Macrolide (refer to Section 3)</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Abnormal Renal Function:**

<table>
<thead>
<tr>
<th>Agent</th>
<th>eGFR &gt;50 ml/min</th>
<th>eGFR 10-50 ml/min</th>
<th>eGFR &lt;10</th>
<th>Continuous Venous Hemofiltration (CVVHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin-clavulanate</td>
<td>1.2g IV q8h</td>
<td>1.2g IV q8h</td>
<td>1.2g IV q12h</td>
<td>1.2g IV q8h</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>1g-2g IV daily</td>
<td>1g-2g IV daily</td>
<td>1g IV daily</td>
<td>1g IV daily</td>
</tr>
<tr>
<td>Levofloxacin</td>
<td>750mg IV q24h</td>
<td>(eGFR 20-50)</td>
<td>(eGFR &lt;20)</td>
<td>750mg IV load, 750mg IV q48hr</td>
</tr>
<tr>
<td></td>
<td></td>
<td>750mg IV load, 750mg IV q40h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moxifloxacin</td>
<td>400mg IV q24h</td>
<td>400mg IV q24h</td>
<td>400mg IV q24h</td>
<td>400mg IV q24h</td>
</tr>
<tr>
<td>Piperacillin-tazobactam</td>
<td>4.5g IV q6h – q8h</td>
<td>(eGFR 20-40)</td>
<td>(eGFR &lt;20)</td>
<td>4.5g IV q8h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.5g IV q8h</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 3: MACROLIDE ADMINISTRATION**

For patients allocated a macrolide in the Antibiotic Domain, the dose, route and frequency of the macrolide therapy are up to the treating clinician.

The REMAP-CAP preferred macrolide is Intravenous Azithromycin.

If the patient is eligible for the Macrolide Duration Domain, see the *Macrolide Duration Domain administration guide*. 

www.remapcap.org
SECTION 4: OTHER ANTIMICROBIAL ADMINISTRATION

Permitted additional antibacterial agents (at the discretion of the treating clinician):
- Vancomycin
- Clindamycin
- Cotrimoxazole
- Gentamicin

Antiviral agents (see Antiviral Domain administration guide. If not participating in Antiviral Domain, there are no restrictions).

Prohibited empiric antibacterial agents - a change to any of these antimicrobials is permitted if it occurs in response to microbiology results (refer to Section 5):
- Any REMAP-CAP antibiotic(s) the patient was NOT allocated
- Other Beta-Lactams
- Carbapenems (Meropenem, Imipenem, Doripenem, Ertapenem)
- Monobactams (Aztreonam)
- Other Quinolones

SECTION 5: SUBSEQUENT ANTIBIOTIC ADMINISTRATION

IMPORTANT: Treating clinicians must document (in the patient’s medical record) the reason for ANY change to the REMAP-CAP antibiotic therapy while the patient was in the ICU.

Duration of empiric therapy
Determined by the following criteria:
- Change to oral antibiotics (as selected by treating clinician) once patient is clinically stable
- Change to a targeted antibiotic therapy if a microbiological diagnosis has been made
- Cease antibiotics if an alternative diagnosis is made
- Cease antibiotics when there is evidence of sufficient clinical improvement, no microbiological diagnosis has been made and no clinical evidence of deep infection (e.g. empyema or lung abscess)
- The duration of antibiotic therapy will be decided by the treating clinician and local guidelines (not determined by REMAP-CAP Antibiotic Domain Protocol).

Changing antibiotic therapy
Changes to the REMAP-CAP allocated antibiotic dose, route and frequency are permitted.
Before changing REMAP-CAP empiric antibiotic (discontinuing REMAP-CAP antibiotic or adding additional antibiotic agents) refer to flow-chart below.

Escalation of antibiotic therapy in the absence of microbiological information is discouraged, however clinicians should always act in the best interests of the patient.

REMAP-CAP empiric antibiotic changed (new antibiotic substituted or additional agent added)

Microbiology results indicated a specific antibiotic therapy
- Change antibiotic order as indicated (document reason)

Additional antibiotic coverage was indicated
- Was the additional antibiotic REMAP-CAP prohibited? (refer to Section 4)

No microbiological indication for change in empiric antibiotic therapy
- Protocol Deviation (if change required, document)

Reason for the change

No Yes