

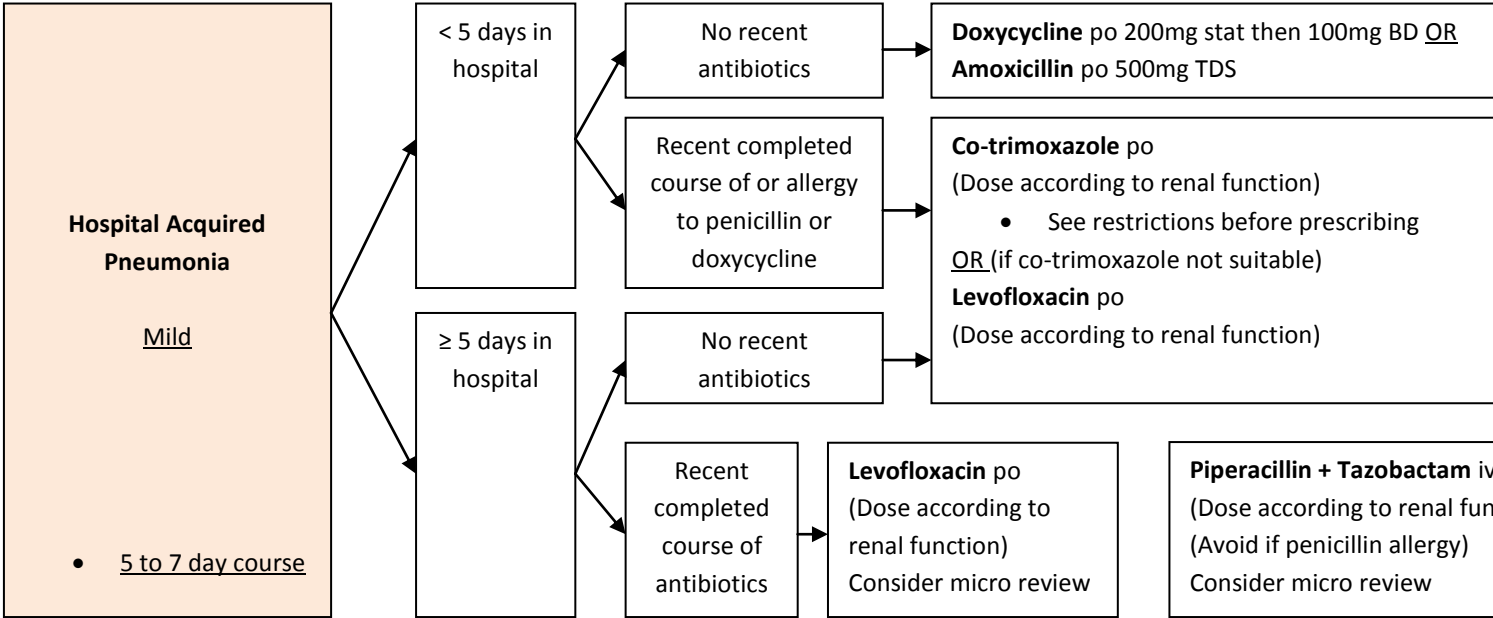
**Co-trimoxazole and Trimethoprim restrictions for N&T patients**

- Discuss with N&T consultant or SPR before prescribing
- Can increase serum creatinine (including direct nephrotoxicity and less harmful and transient effects on serum creatinine)
- Can increase serum potassium so avoid in hyperkalaemia
- Avoid if patient taking other nephrotoxic drugs or hyperkalaemia inducing drugs

For detailed guidance consult Microguide App or Web version available on ward computers

Microguide includes N&T specific guidance and advice on drug dosing in renal impairment

Contact Renal Pharmacy Team for further prescribing advice for nephrology and transplant patients

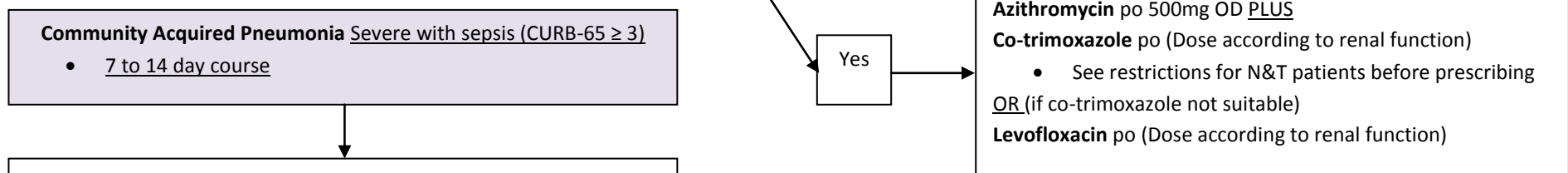
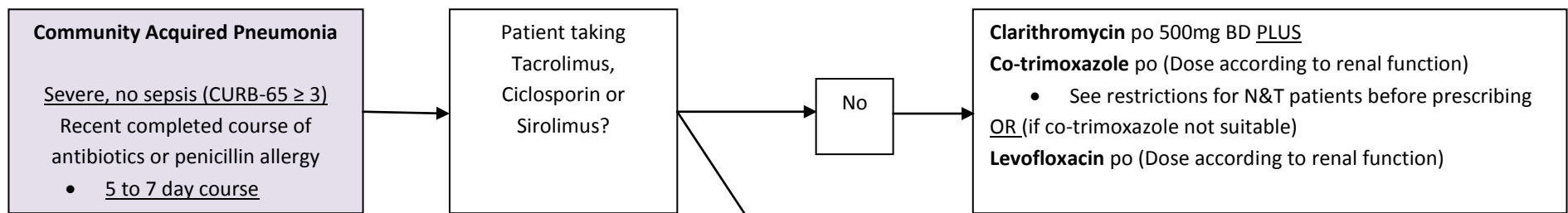
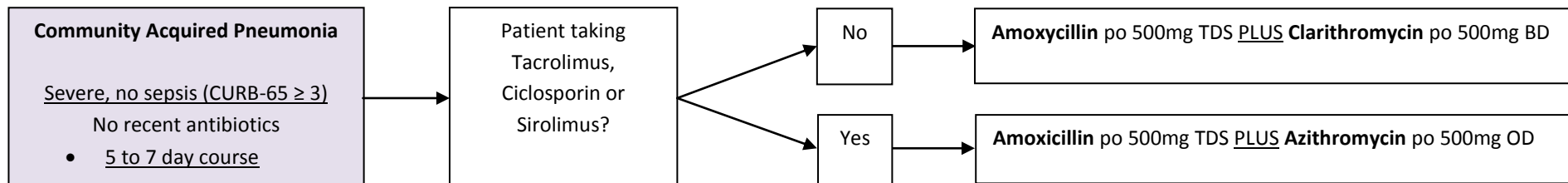
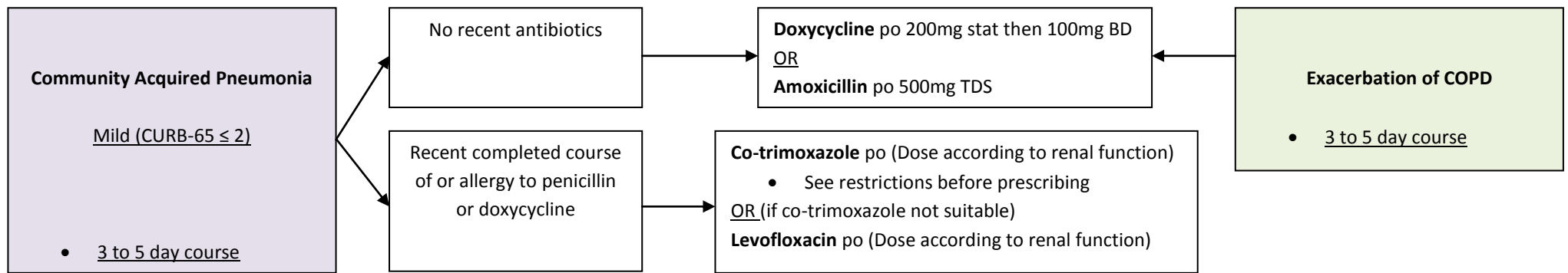


ALWAYS review need, choice, route and duration after 48 hours and use ANTIBIOTIC STICKERS

**Hospital Acquired Pneumonia**

Severe +/- sepsis

- 7 to 14 day course



As above per CAP severe, no sepsis (CURB-65  $\geq$  3) BUT PRESCRIBE

- **Amoxicillin** iv (increase dose to 2g TDS)
- **Clarithromycin** iv (same dose as po)
- **Co-trimoxazole** iv (same dose as po)
- **Levofloxacin** iv (same dose as po)

Consider micro review

**Azithromycin can increase levels of Tacrolimus/Ciclosporin/Sirolimus**

- Pre-dose serum levels must be checked 2 to 3 days after commencing Azithromycin
- For further advice and interpretation of drug levels contact Renal Pharmacy Team
- Interaction more likely and significant with Clarithromycin which should be avoided in patients taking Tacrolimus, Ciclosporin or Sirolimus