



THE STEWARDSHIP SCOOP



The Antimicrobial and Diagnostic Stewardship Program (ADSP) team is here to bring you the latest



Coming this month! ADSP UPDATE EDITION:

January 2026

Cefepime Renal Dosing Change

Cefepime renal dosing and standard default dosing will be updated to the following on **1/27/26**:

Medication	Indications & Comments	Usual Dose CrCl >50 mL/min	CrCl 31-50 mL/min	CrCl 10-30 mL/min	CrCl < 10 mL/min	Anephric/HD*
Cefepime IV	Standard dosing (2 g LD over 30min, then 3h infusion per renal function)	CrCl >90 mL/min: 2 g x1 bolus, then 2 g q8h CrCl 50-90 mL/min: LD 2 g x1, then 1 g q8h	LD 2 g x1, then 1 g q12h	LD 2 g x1, then 1 g q24h	LD 2 g x1, then 1 g q24h	1 g q24h OR 2 g 3x weekly post-HD * (Reschedule maintenance 3h infusion at next interval after 30 min bolus)
	CNS, pt on ECMO, febrile neutropenia, or if targeting an MIC of ≥4 (Bolus over 30min, then 3h infusion per renal function)	2 g x1 bolus, then 2 g q8h	2 g x1 bolus, then 2 g q12h	2 g x1 bolus, then 2 g q24h	LD 2 g x1, then 1 g q24h	1 g q24h OR 2 g 3x weekly post-HD * (Reschedule maintenance 3h infusion at next interval after 30 min bolus)

The linked order panel for cefepime bolus and maintenance extended infusion will default to 2g bolus and maintenance dose of 1g q8h over 3 hours.

Action:

- For orders with indications for CNS, ECMO, febrile neutropenia, or in patients with an elevated ≥4 MIC organism, change the maintenance dose to 2g over 3 hours with a frequency appropriate for their renal function.

< Sepsis and pneumonia = standard dosing >

Why?: These updates are predicted to show lower rates of over-exposure while still hitting PK targets. NMH has been following cefepime levels based on renal function categories for 2 years. This internal pharmacokinetic (PK) data along with population PK data shows us we are often leading to over exposure with our current protocol, even in critical care patients and sepsis.

OR Pharmacist Action: Surgical Prophylaxis for Urinary Procedures

Review the [ADSP Urologic Procedure Guide](#) actions:

- Review urine cultures in past month only for the designated urologic procedures. If the most recent urine culture in past month is resistant to the primary prophylaxis (usually cefazolin), the pharmacist refers to the alternative chart.
- Select the alternative option based on patient factors and perform the action specified in the table (i.e., add to- vs replace primary option)
- If none of the protocol-outlined options will work for the patient, the surgeon must specify what prophylaxis s/he wants

< This procedure is only for urologic procedures that cross the mucosal barrier >

Example

Go-live: 2/2/26

	Enterococcus faecalis MIC	
Ampicillin	≤2 µg/mL	Susceptible
Ciprofloxacin	≤1 µg/mL	Susceptible*
Nitrofurantoin	≤32 µg/mL	Susceptible
Vancomycin	2 µg/mL	Susceptible*



Add Ampicillin to Cefazolin

