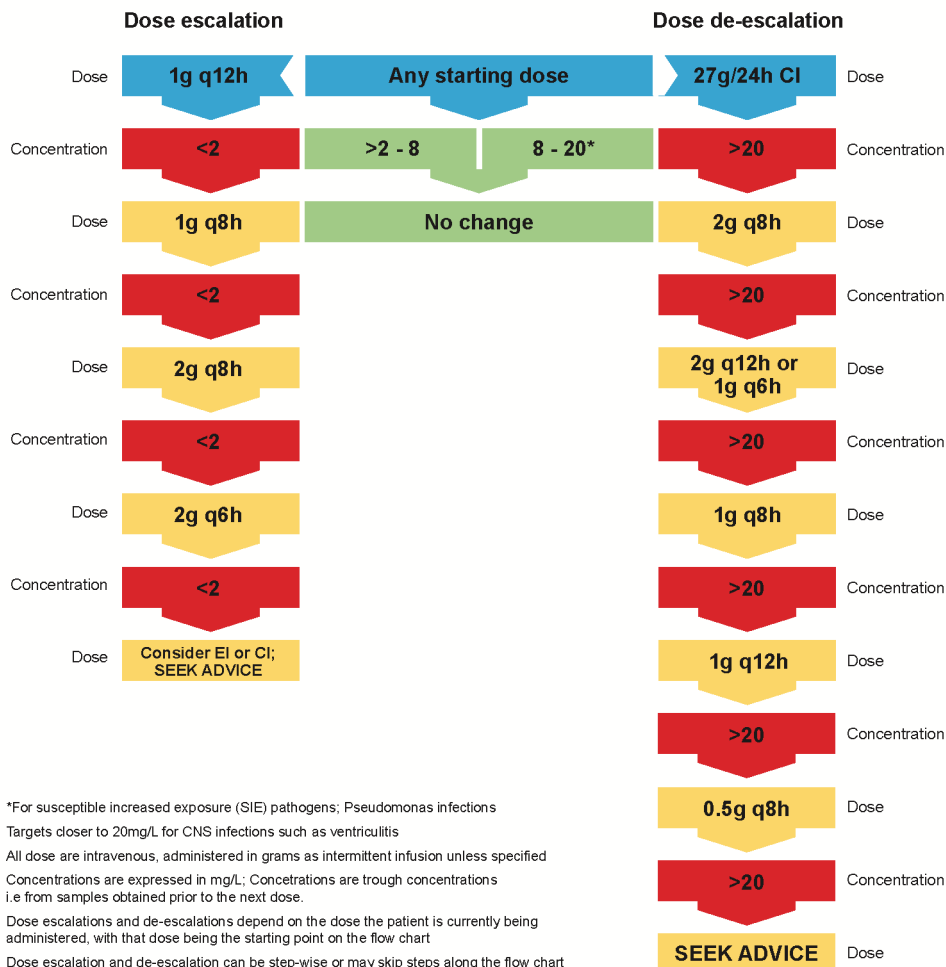




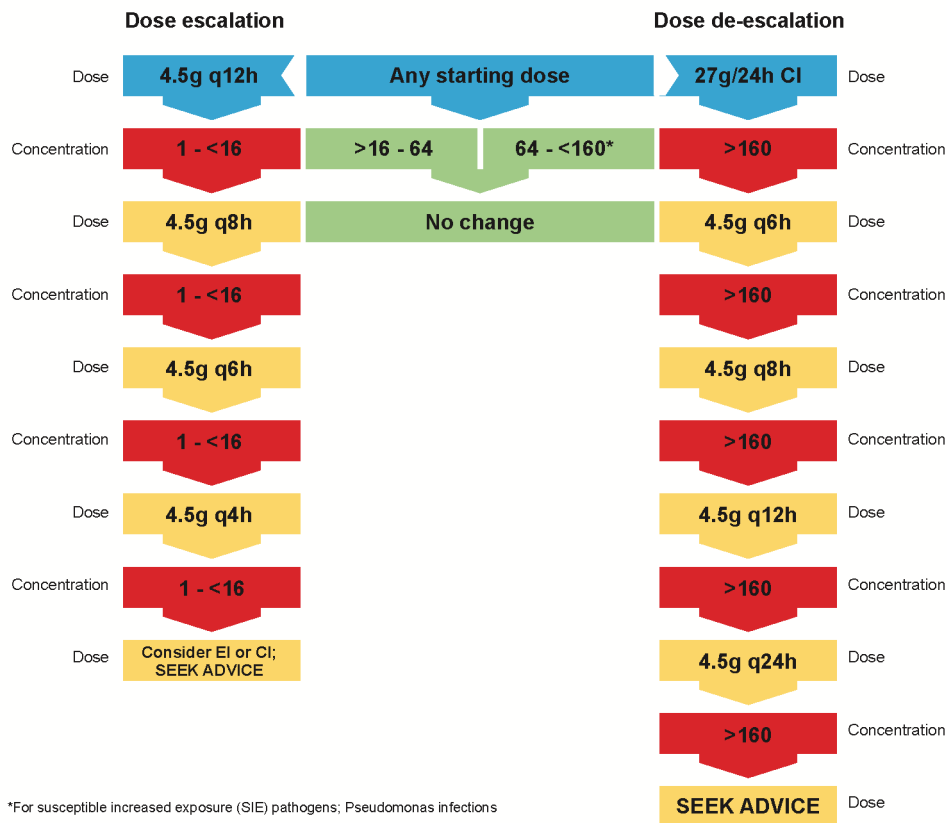
# Meropenem



\*For susceptible increased exposure (SIE) pathogens; Pseudomonas infections  
Targets closer to 20mg/L for CNS infections such as ventriculitis  
All dose are intravenous, administered in grams as intermittent infusion unless specified  
Concentrations are expressed in mg/L; Concentrations are trough concentrations i.e from samples obtained prior to the next dose.  
Dose escalations and de-escalations depend on the dose the patient is currently being administered, with that dose being the starting point on the flow chart  
Dose escalation and de-escalation can be step-wise or may skip steps along the flow chart depending on the clinical status and infection syndrome  
EI, extended infusion; CI, continuous infusion  
All dose adjustments based on TDM will be recommended by the members of the research team after discussion with treating ICU physician and clinical pharmacist.  
**To prevent potential toxic concentrations**, if the patient renal function deteriorates over the weekend or there is a new renal impairment that warrants dose adjustment based on current ICU guidelines - revert to renal dosing per ICU guidelines.  
Dose adjustments will be documented under the heading "Research - ICU Beta-lactam TDM" and the PowerChart autofill command is .bltdm  
"Seek advice" - advice will be provided by the trial research investigators



# Piperacillin/tazobactam



\*For susceptible increased exposure (SIE) pathogens; Pseudomonas infections  
Targets closer to 20mg/L for CNS infections such as ventriculitis

All dose are intravenous, administered in grams as intermittent infusion unless specified  
Concentrations are expressed in mg/L; Concentrations are trough concentrations  
i.e from samples obtained prior to the next dose.

Dose escalations and de-escalations depend on the dose the patient is currently being administered, with that dose being the starting point on the flow chart

Dose escalation and de-escalation can be step-wise or may skip steps along the flow chart depending on the clinical status and infection syndrome

EI, extended infusion; CI, continuous infusion

All dose adjustments based on TDM will be recommended by the members of the research team after discussion with treating ICU physician and clinical pharmacist.

**To prevent potential toxic concentrations**, if the patient renal function deteriorates over the weekend or there is a new renal impairment that warrants dose adjustment based on current ICU guidelines - revert to renal dosing per ICU guidelines.

Dose adjustments will be documented under the heading "Research - ICU Beta-lactam TDM" and the PowerChart autofill command is .bltdm

"Seek advice" - advice will be provided by the trial research investigators