Antibiotic Dosing Discrepancies in the 2014 Skin and Soft Tissue Infections Guidelines

TO THE EDITOR—We read with interest the updated guidelines for the management of skin and soft tissue infections from the Infectious Diseases Society of America [1]. Their effort to expand on drug dosing is clear and appreciated. However, we would like to draw attention to a few dosing discrepancies.

Table 3 [1] lists regimens for the treatment of intestinal or genitourinary tract infections following surgery. Ciprofloxacin is recommended in several instances at a dose of 400 mg IV every 12 hours or as the oral formulation at 750 mg PO every 12 hours. Based on drug bioavailability, an equivalent oral dose for 400 mg
IV every 12 hours would be 500 mg PO every 12 hours. Likewise, 750 mg PO every 12 hours would be equivalent to 400 mg IV every 8 hours [2]. We recommend changing the dose of ciprofloxacin to either 500 mg PO every 12 hours or a range of 500 to 750 mg PO every 12 hours to avoid using unnecessarily high doses.

Table 4 [1] lists regimens for the treatment of necrotizing fasciitis. Ciprofloxacin is recommended for the treatment of *Aeromonas hydrophila*; however, the dose suggested is 500 mg IV every 12 hours. Ciprofloxacin is available as a 500-mg oral tablet and a 400-mg infusion. The recommended intravenous dose should be 400 mg IV every 12 hours [2]. Additionally, ceftriaxone is recommended as part of the therapy against *Vibrio vulnificus*, but the dose is listed as 1 g IV qid. Ceftriaxone is typically administered once or twice daily [3]. The abbreviation “qid” means once a day, whereas the abbreviation “qid” means 4 times a day. These 2 abbreviations are frequently misinterpreted, which has led many organizations to ban the use of one or both abbreviations [4]. We expect this may have been a transcription error, and the dose was intended to be written as ceftriaxone 1 g IV daily.

**Note**

*Potential conflicts of interest.* All authors: No potential conflicts of interest.

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**References**


