CLINICAL GUIDELINE

Clindamycin Dosing in Adults > = 18 Years

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Clindamycin Dosing in Adults ≥ 18 years

Clindamycin is a lincosamide antibiotic that is active against most Gram-positive aerobic bacteria, many anaerobes, and protozoa.
Clindamycin is a restricted antibiotic and should only be prescribed as per the Infection Management Guidelines / Adult Therapeutics Handbook or on the advice of Microbiology/Infectious Diseases (ID).

In view of oral clindamycin's pharmacokinetic and pharmacodynamic properties, it has been agreed between Microbiology and ID that oral clindamycin can be given 8 hourly to improve compliance. See table below for oral/IV dosing guidance.

Infection indication	Clindamycin dosing
Mild/Moderate Cellulitis (on advice of Microbiology/ID)	*Oral – 600 mg 8 hourly ≥70 kg *Oral – 450 mg 8 hourly <70 kg
Bone and Joint Infection (on advice of Microbiology/ID)	*Oral – 600 mg 8 hourly
†Moderate/Severe Cellulitis (if rapidly progressive) †Tonsillitis/Pharyngitis (severe sepsis) †Peri-anal infection (severe, penicillin allergy)	IV – 600 mg 6 hourly
†Suspected Necrotising Fasciitis	IV – 1.2 g 6 hourly

*Please note these are unlicensed doses but have been approved by Microbiology/ID (see above).
†Clindamycin given with other agents, refer to the Adult Therapeutics Handbook/Infection Management Guidelines for antibiotic regimen advice.

- **Bioavailability of oral clindamycin is 90%. For all IV prescriptions, consider switching to oral route at the earliest appropriate point in care.**

- Obesity
  *For treatment of Bone and Joint Infection, if BMI>30kg/m^2, oral clindamycin dose should be increased to 600mg 6-hourly or 900mg 8-hourly

- Monitoring and toxicity
  Monitor LFTs, FBC and renal function for courses longer than 10 days.

Clindamycin is associated with increased risk of *Clostridioides difficile* (*C. diff*) infection, particularly in patients aged >65. Antibiotic-associated colitis can be fatal, avoid if previous *C. diff* or discuss with Microbiology/ID.
Patients should be made aware to report if diarrhoea occurs and discuss urgently with the clinical team as treatment with clindamycin may need to be discontinued or switched to an alternative agent.

- Drug interactions
  There are a number of important clindamycin interactions to be aware of including interactions with neuromuscular blocking agents, vitamin K antagonists (e.g. warfarin), and inhibitors or inducers of CYP3A4 and CYP3A5. For a full list please refer to the BNF, Stockley's Drug Interactions or SPC via eMC.

- For full prescribing information on clindamycin, please refer to the BNF or SPC via eMC.