

Prescribing Anti-infectives in Kidney Transplant Patients

Some anti-infectives you may be prescribed by your GP/Dentist or allied health profession (AHP) may affect your transplant medications. This traffic light system is designed to help reduce the risk of an inappropriate prescription.

- Medicines in the **green** space are safe to prescribe to transplant patients and do not require changes in routine monitoring or doses.
- Medicines in the **amber** space require increased monitoring and potential changes in dose. The transplant team must be informed if these are started.
- Medicines in the **red** space are not recommended and if prescribed must be discussed with a transplant consultant before starting treatment.

The choice of the antibiotic and the dose should be considered in conjunction with eGFR.

Considered Safe	Amoxicillin Cefaclor Cefradine Ceftriaxone Cefuroxime Cefalexin Cefixime Clindamycin Co-amoxiclav Doxycycline Ethambutol Flucloxacillin	Isoniazid Malarone Metronidazole Mebendazole Minocycline Nitrofurantoin Nystatin oral suspension Oseltamivir (Tamiflu) Phenoxymethylpenicillin Pyrizinamide Zanamivir
Notify transplant team before taking	Aciclovir Azithromycin Ciprofloxacin Fluconazole Levofloxacin Linezolid	Moxifloxacin Oxytetracycline Terbinafine Trimethoprim Valaciclovir Valganciclovir
Notify transplant consultant before taking	Clarithromycin Erythromycin Itraconazole Miconazole oral gel Posaconazole Rifampicin Voriconazole	

This guidance does not apply to other organ transplant patients and patients with significant liver disease although the respective transplant teams recommendations are likely to be similar in many cases.

ALWAYS CHECK THE SAFETY OF PRESCRIBING A NEW ANTIMICROBIAL WITH ALL TRANSPLANT PATIENTS

