

**Recommended dosing regimens of Meropenem, produced by Kraspharma OJSC,  
in patients with normal renal function**

<b>Indication</b>	<b>Daily dose regimen</b>	<b>Way of administration</b>	<b>Duration of treatment</b>
Bacterial meningitis (including post-traumatic, post-operative meningitis and meningitis after cochlear implantation)	Adults: 2 g every 8 hours +/- vancomycin 0.5 g every 6 hours Children*: 40 mg/kg every 8 hours +/- vancomycin 15 mg/kg every 6 hours	IV IV IV IV	Up to 14 days
Brain abscess	Adults: 2 g every 8 hours Children*: 40 mg/kg every 8 hours	IV IV	14-21 days
Nosocomial pneumonia Ventilator-associated pneumonia **	Adults: 1 g every 8 hours Children*: 20 mg/kg every 8 hours	IV IV	14-21 days
Sinusitis in ALV patients	Adults: 1 g every 8 hours Children*: 20 mg/kg every 8 hours	IV	7-14 days
Pulmonary infections in patients with cystic fibrosis	Adults: 2 g every 8 hours Children*: 40 mg/kg every 8 hours	IV	14-21 days
Intra-abdominal infections, including secondary peritonitis and infectious complications of pancreatitis	Adults: 1 g every 8 hours Children*: 20-30 mg/kg every 8 hours	IV IV	7-14 days

Severe and complicated urinary tract infections (UTIs) (including post-operative UTI and catheter-associated UTI (CAUTI))	Adults: 0.5-1 g every 8 hours Children*: 10-20 mg/kg every 8 hours	IV IV	14 days
Severe and complicated skin and soft tissue infections	Adults: 1 g every 8 hours +/- vancomycin 1 g every 12 hours Children*: 20-30 mg/kg every 8 hours +/- vancomycin 20 mg/kg every 12 hours	IV IV IV IV	10-14 days
Sepsis (empiric therapy)	Adults: 1 g every 8 hours Children*: 20-30 mg/kg every 8 hours	IV IV	10-14 days
Febrile neutropenia	Adults: 1 g every 8 hours Children: 20-30 mg/kg every 8 hours	IV IV	7-10 days, or till neutropenia is resolved

\* – for children over 3 mon.

\*\* – ventilator-associated pneumonia is defined as pneumonia occurring more than 48 h after patients have been intubated and received mechanical ventilation