

Guide to Amoxicillin-clavulanate (Augmentin®) Dosing

Dosing for patients ≥ 3 months old with **normal renal function**

Step 1: Pick the indication* and dosing code

Ears, Nose, Throat	
Acute otitis media	H
Otitis externa (chronic or malignant)	S
Lymphadenitis	S
Mastoiditis	H
Odontogenic infections	S
Peritonsillar, pharyngeal, or retropharyngeal abscess	S
Sinusitis	H
Lower Respiratory Tract Infections	
Aspiration pneumonia	H
Pneumonia, community-acquired	H
CF exacerbation (MSSA coverage)	S
Orbital and Periorbital Cellulitis	H
Intra-abdominal Infections	S
Skin and Soft Tissue Infections	
Bites, animal and human, treatment	S
Skin and soft tissue infection (in area with concern for anaerobic bacteria)	S
Post-operative prophylaxis (e.g., cochlear implant/microtia repair)	S
Small Intestinal Bacterial Overgrowth (SIBO)/Motility	L
Urinary Tract Infections	L

Step 2: How to dose

Note: Dosing based on amoxicillin component

S **“Standard” Dose**
40-45 mg/kg/DAY div BID
Max 1760 mg/DAY

H **“High” Dose**
80-90 mg/kg/DAY div BID
Susp: Max 3600 mg/DAY
Tab: Max 4000 mg/DAY

L **“Low-Ratio” Dose**
UTI: 40 mg/kg/DAY div TID
(Max 1500 mg/DAY)
SIBO/motility:
30 mg/kg/DAY div BID
(Max 1000 mg/DAY)

Step 3: Pick the dosage form

Available Dosage Forms
Expressed as amoxicillin-clavulanate

“Standard” Formulation (7:1)
Suspension: 400 mg-57mg/5mL
Tablets: 875 mg-125 mg¹
Chewable Tabs: 400 mg-57 mg²

“High-dose” Formulation (14:1 and 16:1)
Suspension: Augmentin ES® 600mg-42.9 mg/5mL
Tablets: Augmentin XR® 1000 mg-62.5 mg¹

Low-Ratio Formulations
4:1 Formulation

Suspension: 250 mg-62.5mg/5mL
Tablet: 500-125 mg

1. Tablet is scored and is easily broken in half
2. Chewable tabs infrequently covered by insurance

*Includes common indications for which amoxicillin-clavulanate is used either as definitive therapy or as a common step-down therapy

Pearls:

- Remember, 45 mg/kg/DAY of the 7:1 formulation has the same amount of clavulanate as 90 mg/kg/DAY of the 14:1 formulation
- Recommend to limit clavulanate dose to <10 mg/kg/DAY to limit gastrointestinal side effects

References:

Hoberman A, Paradise JL, Rockette HE, et al. Antimicrob Agents Chemother. 2017 Jul; 61(7): e00238-17.
Wald ER, Applegate KE, Bordley C, et al. Pediatr. 2013; 132(1):e262-e280.
Yu D, Bio LL. J Pediatric Infect Dis Soc. 2022 Dec 28;11(12):594-602.
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