

Table I. Bacterial Infections: Prophylaxis

Intervention	Indication	Dosage and Administration		Comments
		First Choice	Alternative	
IV IgG	Patients with IgG < 500 mg/dL	IgG* 400-500 mg/kg IV q2-4 weeks	N/A	Monitor IgG levels monthly beginning pre-transplant and continue until IgG is > 500 mg/dL for 3 consecutive months. Use a sucrose-free product for patients at risk of renal impairment.
Prophylactic antibiotics in Chronic GVHD	Patients with active chronic GVHD	<p>Adults: Penicillin V 500 mg PO BID</p> <p>Peds: Penicillin V < 5 yo: 7.5 mg/kg BID 5-11 yo: 250 mg BID ≥ 12 yo: same as adult regimen</p>	<p>Penicillin-Allergic Adults – Cotrimoxazole*: trimethoprim 80 mg + sulfamethoxazole 400 mg (TMP/SMX 80/400) PO daily</p> <p>Peds – TMP/SMX* 75 mg/m² (TMP equivalent) up to a maximum dose of TMP/SMX 80/400 PO daily.</p> <p>Penicillin- and Sulfa-Allergic Adults – Clarithromycin* 500 mg PO daily</p> <p>Peds – Clarithromycin* 10 mg/kg PO daily up to a maximum dose of 500 mg PO daily</p>	<p>Patient education related to early recognition and reporting of minor signs and symptoms is imperative.</p> <p>Clarithromycin may increase systemic cyclosporine, tacrolimus, & sirolimus. Consider increasing the frequency of immunosuppressant drug level monitoring.</p>
Prophylactic antibiotics in Acute GVHD	SELECTED patients with grades III or IV gut GVHD who are hospitalized and not receiving other antibiotics	<p>Adults: Unasyn®* To provide ampicillin 1000 mg IV q6 h</p> <p>Peds: Unasyn®* To provide ampicillin 30 mg/kg IV q6 h to a maximum dose of 1000 mg q6 h</p>		<p>Continue until a comparable antibiotic is ordered or hospital discharge (resolution of gut GVHD)</p> <p>Unasyn® contains ampicillin + sulbactam in a 2:1 ratio</p> <p>Unasyn® doses are expressed as ampicillin content</p>

* Requires dose or schedule modification in renally impaired patients.