

*Patients with renal impairment*

The intravenous dose should be adjusted to the degree of actual renal impairment as follows (each patient must be monitored closely for signs of substance toxicity; medicinal product dose and interval should be adjusted accordingly):

<b>Creatinine clearance (ml/min)</b>	<b>Tazocin (recommended dose)</b>
> 40	No dose adjustment necessary
20-40	Maximum dose suggested: 4 g / 0.5 g every 8 hours
< 20	Maximum dose suggested: 4 g / 0.5 g every 12 hours

For patients on haemodialysis, one additional dose of piperacillin / tazobactam 2 g / 0.25 g should be administered following each dialysis period, because haemodialysis removes 30%-50% of piperacillin in 4 hours.