

Antibiotics used in this study	References for indications in sepsis	References for use in animal models
Daptomycin	<ul style="list-style-type: none"> <li>• 4-6 mg/kg/day (Tompkins &amp; Harnicar, 2008).</li> <li>• reviewed in (Trotman, Williamson, Shoemaker, &amp; Salzer, 2005).</li> </ul>	<ul style="list-style-type: none"> <li>• Our study: 30 mg/kg</li> <li>• Experimental foreign body <i>S.aureus</i> infection (30mg/kg) (Vaudaux et al., 2003). = NB: Level of Plasma and tissue cage fluids at 1 h is 100 and 8 mg/L respectively.</li> <li>• <i>S. aureus</i> endocarditis (25-40mg/kg) (Sakoulas, Eliopoulos, Alder, &amp; Thauvin-eliopoulos, 2003). = NB: dose selection was referred to as mimicking human dose.</li> </ul>
Erythromycin	<ul style="list-style-type: none"> <li>• 1-3 mg/kg/day (Nguyen et al., 2007).</li> <li>• reviewed in (Hawkyard &amp; Koerner, 2007).</li> </ul>	<ul style="list-style-type: none"> <li>• Our study: 5 mg/kg.</li> <li>• 1-10mg/kg (McCormack, Snipes, Dillon, Yang, &amp; Finn, 1990).</li> <li>• Laparotomy: 1mg/kg (De Winter et al., 1999).</li> </ul>
imipenem	<ul style="list-style-type: none"> <li>• Peritonitis: 500mg every 6 hours, 1000mg every 8 hours and 1000mg every 6 hours: Peritoneal fluid and plasma levels in patients in ICU peak is ~40min, but sufficient levels in 1h to act as anti-bacterial (Dahyot-Fizelier et al., 2010).</li> <li>• neonatal sepsis: 20 mg/kg (Lu, 2011).</li> <li>• Reviewed in (Legrand, Max, Schlemmer, Azoulay, &amp; Gachot, 2011; Trotman et al., 2005).</li> </ul>	<ul style="list-style-type: none"> <li>• Our study: 20 mg/kg.</li> <li>• CLP model of sepsis: 20 mg/kg (Ghiselli et al., 2002).</li> </ul>
Linezolid	<ul style="list-style-type: none"> <li>• MRSA nosocomial pneumonia: 10-15 mg/kg, with half life of 3h in children and 5h in adults, reviewed in (Chiappini, Conti, Galli, &amp; De Martino, 2010).</li> <li>• Reviewed in (Trotman et al., 2005).</li> </ul>	<ul style="list-style-type: none"> <li>• Our study: 25 mg/kg.</li> <li>• Model of intra-abdominal abscess: 25 mg/kg (Schülin, Thauvin-Eliopoulos, Moellering, &amp; Eliopoulos, 1999).</li> </ul>
Tigecycline	<ul style="list-style-type: none"> <li>• Intra-abdominal infections: 100 mg iv, then 50mg i.v. every 12h (Stein &amp; Craig, 2006).</li> <li>• Use of 12.5 – 300mg or 25-50 mg given every 12 h, and half-life of ~36 h, reviewed in (Noskin, 2005).</li> <li>• (Swoboda et al., 2008).</li> </ul>	<ul style="list-style-type: none"> <li>• Our study: 5 mg/kg.</li> <li>• <i>E. faecalis</i> peritonitis (mice): 5.7 mg/kg (Nannini, Pai, Singh, &amp; Murray, 2003).</li> </ul>

Tobramycin	<ul style="list-style-type: none"> <li>cystic fibrosis: 10 mg/kg/day (Aminimanizani, 2002).</li> <li>sepsis: 5mg/kg/day (Gibson et al., 1993).</li> <li>reviewed also in (Legrand et al., 2011).</li> </ul>	<ul style="list-style-type: none"> <li>Our study: 25 mg/kg.</li> <li>25 mg/kg/day (Barza, Pinn, Tanguay, &amp; Murray, 1978).</li> </ul>
Vancomycin	<ul style="list-style-type: none"> <li>MRSA in children: 40-70 mg/kg/day (Frymoyer, Hersh, Coralic, Benet, &amp; Guglielmo, 2010).</li> <li>15-20 mg/kg every 8-12 h (Broome &amp; So, 2011).</li> <li>reviewed also in (Legrand et al., 2011; Trotman et al., 2005).</li> </ul>	<ul style="list-style-type: none"> <li>Our study: 70 mg/kg.</li> <li>Endocarditis: 25 mg/kg i.p. every 8 h (Patel, Rouse, Piper, &amp; Steckelberg, 2001).</li> <li><i>S. aureus</i>: 50 mg/kg/day (Murillo et al., 2009).</li> </ul>

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