**Background and importance**
Hematological-linezolid-related toxicity has been described to be a major cause in treatment interruption and transfusion requirements, especially in renal injured patients (<60 mL/min/1.73m²).

**Aim and objectives**
To evaluate the influence of Augmented renal clearance (ARC) in the incidence of haematological toxicity as part of the antimicrobial stewardship program in which participates our Pharmacy Department.

**Material and methods**

### Type of study
- Retrospective Observational

### Patients included in the study
- **Included**
  1. Linezolid treatment >5 days
  2. Hospitalised >18 years old patients
- **Excluded**
  1. Critically ill
  2. ≤100 x 10³/mm³ platelet
  3. <10mg/dL haemoglobin

### Variable registered
- ARC patients
  - > 130 mL/min/1,73m² (♂)
  - > 120 mL/min/1,73m² (♀)
- Reference patients
  - 60-90 mL/min/1,73m²

### Data collection methods
- XLSTAT program
- Electronic sistema data
- Fisher test

### Haematological toxicity
- Decrease from baseline
  - 25% platelets
  - 25% hemoglobin
  - 50% neutrophils

### Results

**ARC patients (N=46)**
- 54% (♂)
- 39 (18-74) years
- 7 (5-28) days
- 8,7% (IS)
- 8,7% (CT)

**Reference patients (N=46)**
- 71% (♂)
- 57 (21-79) years
- 9 (5-25) days
- 17,4% (IS)
- 8,7% (CT)

### Conclusion and relevance
Our findings suggest an association between ARC and a lower incidence of haematological toxicity.