

Vancomycin in Haemodialysis

Indication	<ul style="list-style-type: none"> • Empirical antibiotic with gentamicin for line sepsis (review ongoing need when culture results are available) • MRSA infections • All other indications as per NHS Lothian Antimicrobial guideline 				
Dosage and administration	<p>Body weight > 50kg: 1g over 2 hours Body weight ≤ 50kg: 750mg over 1.5 hours (Please use dry weight. This is particularly important in patients with oedema) To be given as an IV infusion only. Rate should not exceed 10mg/min</p> <p>**Do NOT use Vancomycin Calculator on the Intranet**</p> <p>Please administer via a central venous catheter or a large vein if only peripheral access is available.</p>				
Concentration/strength	Max concentration after dilution is 5mg/ml				
Stability	Please use reconstituted solution as soon as possible.				
Reconstitution instructions	<p>Reconstitute a 1g vial with 20ml of water for injection or a 500mg vial with 10ml of water for injection. Further dilute a 1g or 750mg dose in 250ml of sodium chloride 0.9% or glucose 5%.</p> <p>For patients with a fluid restriction, a minimum volume of 50ml diluent for each 250mg can be used ie 1g in 200ml or 750mg in 150ml.</p>				
Additional information	<ul style="list-style-type: none"> • Haemodialysis (HD) removal: No Haemodiafiltration (HDF) removal: Yes Therefore, patients on HDF should be switched to HD when receiving vancomycin • Dose should be administered in the last 2 hours or 1.5 hours (depending on dose) of HD • Monitoring: <table border="1" data-bbox="384 1570 1382 1850"> <thead> <tr> <th data-bbox="384 1570 887 1615">Inpatients</th> <th data-bbox="887 1570 1382 1615">Outpatients</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 1615 887 1850"> <ul style="list-style-type: none"> ○ A level should be taken daily including non-dialysis days unless otherwise instructed by senior medical staff ○ Dose to be administered if level is <20mg/l </td> <td data-bbox="887 1615 1382 1850"> <ul style="list-style-type: none"> ○ Take a level pre-dialysis ○ Dose to be administered if level is <20mg/l </td> </tr> </tbody> </table> • For NEW patients starting on vancomycin, a pre-dose level is not required prior to the first dose 	Inpatients	Outpatients	<ul style="list-style-type: none"> ○ A level should be taken daily including non-dialysis days unless otherwise instructed by senior medical staff ○ Dose to be administered if level is <20mg/l 	<ul style="list-style-type: none"> ○ Take a level pre-dialysis ○ Dose to be administered if level is <20mg/l
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