

Vancomycin

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Vancomycin

Indication

- 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

- 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

****Do NOT use Vancomycin Calculator on the Intranet****

- Please administer via a central venous catheter or a large vein if only peripheral access is available.

Concentration and Strength

- Max concentration after dilution is 5mg/ml

Stability

- Please use reconstituted solution as soon as possible.

Reconstitution instructions

- 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%.

- 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.

Additional Information

- 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

Inpatient	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

For **NEW** patients starting on vancomycin, a pre-dose level is not required prior to the first dose

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