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| Renal Directorate Guidelines  Royal Infirmary of Edinburgh |

**Vancomycin in Haemodialysis**

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| **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/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:  |  |  | | --- | --- | | **Inpatients** | **Outpatients** | | * 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** | * 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 notrequired prior to the first dose |