|  |
| --- |
| Renal Directorate GuidelinesRoyal Infirmary of Edinburgh |

**Vancomycin in Haemodialysis**

|  |  |
| --- | --- |
| **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 hoursBody 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: YesTherefore, 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
 |