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| **Renal Directorate Guidelines****Royal Infirmary of Edinburgh** |

**Vancomycin For Patients Who Receive Haemodialysis**

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| **Indication** | * Empirical antibiotic (often with gentamicin) for line sepsis
* MRSA infections
* All other indications as per NHS Lothian Antimicrobial guideline
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| **Dosage and administration** | **\*\* Do NOT use Vancomycin Calculator on the Intranet \*\*** Body weight > 50kg: 1g over 2 hoursBody weight ≤ 50kg: 750mg over 1.5 hours* Use dry weight. This is particularly important in patients with oedema.
* To be given as anIV infusiononly**.** Infusion rate should not exceed 10mg/min.
* If only peripheral access is available, please administer via a large vein.
* If given on a dialysis day then should be administered in the last 1.5 hours (750mg dose) or 2 hours (1g dose) of dialysis.
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| **Concentration** | Maximum concentration after dilution is 5mg/ml for peripheral administration or 10 mg/ml for administration through a central line / dialysis line.  |
| **Stability** | Use reconstituted solution as soon as possible. |
| **Reconstitution instructions** | * 1g vial with 20ml of water for injection
* 500mg vial with 10ml of water for injection
* Then further dilute chosen dose in 200ml of 0.9% NaCl or 5% Dextrose.

*For peripheral administratoin, a minimum volume of 50ml diluent for each 250mg should be used ie 1g in 200ml or 750mg in 150ml.* *For central administration in patients on a fluid restriction then the concentration can be increased to 10 mg/ml – e.g. 1 g in 100 ml or 750 mg in 75 ml.*  |
| **Monitoring** | **INPATIENTS:** A level should be taken **daily**, including non-dialysis days, unless otherwise advised by senior medical staff. Dose to be administered if level <20mg/L.**OUTPATIENTS:** Take level pre-dialysis. Dose to be administered if level <20mg/L. |
| **Additional information** | Vancomycin is removed via haemodiafiltration (HDF), but not through haemodialysis (HD). Therefore, patients on HDF may be switched to HD for the duration of vancomycin treatment. |