



ADULT Medication Monograph

VANCOMYCIN

This document should be read in conjunction with this [DISCLAIMER](#)

[Antimicrobial Restriction – Monitored](#)




HIGH RISK Medication 

Presentation	<p>Vial: 500mg Oral: 125mg, 250mg capsules</p>								
Dose	<p style="text-align: center;"><u>Severe infections caused by organisms resistant to penicillins/cephalosporins</u></p> <p><u>Loading dose</u> IV infusion: 25mg/kg actual body weight to a maximum of 1.5g twice daily</p> <p><u>Maintenance dose</u> IV infusion: 15mg/kg actual body weight, twice daily (1 – 1.5g, twice daily) Round doses to closest 250mg Doses above 1.5g are to be prescribed at the direction of a clinical microbiologist or infectious diseases physician</p> <p><u>Surgical prophylaxis</u> IV infusion:</p> <table border="1" data-bbox="416 1579 933 1812"> <thead> <tr> <th>Weight (kg)</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>≤ 50</td> <td>15mg/kg</td> </tr> <tr> <td>50-75</td> <td>1g</td> </tr> <tr> <td>≥ 75kg</td> <td>1.5g</td> </tr> </tbody> </table> <p><u>Renal impairment</u> Less frequent dosing is required to achieve target trough concentrations; seek microbiology advice. Both dose and dose interval may need adjustment</p>	Weight (kg)	Dose	≤ 50	15mg/kg	50-75	1g	≥ 75kg	1.5g
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	<p><u>Clostridium Difficile Infection</u></p> <p>Oral: 125mg every 6 hours for 10 days</p>																		
Administration	<p><u>IV infusion</u></p> <p>Step 1 Reconstitution: Add 10mL Water for Injection to vial. Concentration is 50mg/mL.</p> <p>Step 2 Dilution: Further dilute to 5mg/mL with glucose 5% or sodium chloride 0.9%.</p> <p>Step 3 Administration: Refer to the table below for recommended infusion volumes and rates. <i>Administration should not exceed 10mg/minute to avoid “red man syndrome”</i></p> <table border="1" data-bbox="416 786 1430 1133"> <thead> <tr> <th>Dose</th> <th>Volume</th> <th>Rate Infusion</th> </tr> </thead> <tbody> <tr> <td>500mg</td> <td>≥ 100mL</td> <td>≥ 60 mins</td> </tr> <tr> <td>750mg</td> <td>≥ 100mL</td> <td>≥ 75 mins</td> </tr> <tr> <td>1g</td> <td>≥ 250mL</td> <td>≥ 100 mins</td> </tr> <tr> <td>1.25g</td> <td>≥ 250mL</td> <td>≥ 125 mins</td> </tr> <tr> <td>1.5g</td> <td>≥ 250mL</td> <td>≥ 150 mins</td> </tr> </tbody> </table> <p>If necessary, a maximum of 1g may be infused over 1 hour. For doses over 1g, increase the infusion time by 30 minutes for each additional 500mg</p> <p><u>Fluid restricted patients</u> May be administered using a concentration NOT exceeding 10mg/mL via a central line or PICC and at a rate NOT exceeding 10mg/minute</p> <p><u>Surgical prophylaxis</u> Complete administration prior to induction of anaesthesia</p> <p><u>Continuous infusion</u> Can be given as continuous infusion – seek microbiology advice regarding dosing and monitoring</p> <p><u>Oral:</u> <i>Oral capsules:</i> May be given at any time regarding food. <u><i>If oral capsules are not available, use vial for oral administration:</i></u> Withdraw the contents of 1 vial (500mg) and dilute with 10mL of water. Concentration is 50mg/mL. Give patient 2.5mL (125mg) to drink.</p>	Dose	Volume	Rate Infusion	500mg	≥ 100mL	≥ 60 mins	750mg	≥ 100mL	≥ 75 mins	1g	≥ 250mL	≥ 100 mins	1.25g	≥ 250mL	≥ 125 mins	1.5g	≥ 250mL	≥ 150 mins
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Pregnancy	<p>1st Trimester: Considered safe to use</p> <p>2nd Trimester: Considered safe to use</p> <p>3rd Trimester: Considered safe to use</p>
Breastfeeding	Safe to use
Monitoring	<ul style="list-style-type: none"> ➤ Sampling time: Trough - immediately before fourth dose Monitor every 3 days thereafter For continuous infusions check level at 36-48h ➤ Target trough concentrations: 15 -20 mg/L for 12 hourly dosing 20- 25 mg/L for continuous infusion ➤ Monitoring: Patients with impaired renal function may require less frequent dosing to achieve target trough concentrations Contact a clinical microbiologist if levels fall outside the recommended therapeutic range for advice re dose adjustments <p>Possible adverse effects via IV infusion include local pain, thrombophlebitis May increase risk of ototoxicity and nephrotoxicity</p>
Clinical guidelines and policies	<p>WNHS Policy Manual: Antimicrobial Stewardship (AMS) policy</p> <p>WNHS Policy Manual: Infection Prevention and Management: Micro Alerts and Multi-Resistant Organisms</p> <p>KEMH Clinical Guideline: O&G: Infections: Antibiotic Prophylaxis for Caesarean Section</p> <p>KEMH Clinical Guideline: O&G: Group B Streptococcal Disease</p> <p>KEMH Clinical Guideline: O&G: Group A Streptococcus (GAS)</p> <p>KEMH Clinical Guideline: O&G: Cardiac Disease</p>
References	<p>Australian Medicines Handbook. Vancomycin. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2017 [cited 2017 Dec 13]. Available from: https://amhonline.amh.net.au/</p> <p>MIMS Australia. DBL Vancomycin Hydrochloride for Intravenous Infusion. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2019 [cited 2019 Aug 05]. Available from: https://www.mimsonline.com.au</p> <p>Society of Hospital Pharmacists of Australia. Vancomycin . In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2017 [cited 2017 Dec 13]. Available from: http://aidh.hcn.com.au</p>

	<p>The Royal Women's Hospital. Vancomycin. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2016 [cited 2017 Dec 13]. Available from: https://thewomenspbmg.org.au/</p> <p>Therapeutic Guidelines. Acute infectious diarrhoea: <i>Clostridium difficile</i> infection. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2019 [cited 2019 Aug 05]. Available from: https://tgdcdp.tg.org.au</p> <p>Therapeutic Guidelines. Principles of vancomycin use. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2017 [cited 2017 Dec 13]. Available from: https://tgdcdp.tg.org.au</p>
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<p>Printed or personally saved electronic copies of this document are considered uncontrolled.</p> <p>Access the current version from the WNHS website.</p> <p>For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au</p>			

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