

VANCOMYCIN DOSING SCHEMA FOR ICU VAP PROTOCOL

ALL patients should get 20mg/kg loading dose. Use actual body weight with maximum dose of 3Gm. Choose maintenance dose from chart based on calculated CrCl.

CrCl(ml/min)	Dose(mg)*	Interval(hours)	Example: 70kg person
<10	15mg/kg	When trough level <20mcg/ml	1000mg q48-72hr
10-40	20mg/kg	q24h	1500mg q24h
41-80	15mg/kg	q12h	1000mg q12h
81-100	20mg/kg	q12h	1500mg q12h
>100	18mg/kg	Q8h	1250mg q8h

*Round to nearest 250mg. Maximum dose is 3Gm.

In life threatening situations (i.e. large WBC, septic-appearing, ordering Xigris), it is recommended two levels be drawn after the first dose of drug approximately 4 and 8 hours after the dose is complete to assess first-dose pharmacokinetics and assure trough is above 15mcg/ml. (Hint: Pharmacists can use the program in www.globalrph.com for help).

In all other patients, a trough level only (NO peak) drawn before the 3rd maintenance dose is recommended. This level should be between 15-25mcg/ml. If <15mcg/ml, a shorter interval may be required and a subsequent peak may then be helpful. If >25mcg/ml, then peak levels are likely to reach above 55mcg/ml which may increase chance of ototoxicity and interval may need to be extended.

Repeat level should only be done if renal function changes significantly.

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