Vancomycin Dosing and TDM

Vancomycin should be given at a dose of 15-20mgs/Kg per dose every 8-12 hours depending on the severity of the infection. For most average patients this often equates to a dose of 1gm every 12 hours. However, more recently it is clear that higher doses are associated with significantly better clinical outcomes, so it is important to weight base the dose for your patient. This is particularly important for patients with any of the following conditions:

1. Renal Impairment
2. Morbid obesity
3. Severe infections – in this situation many patients will have already received a higher loading dose when in hospital (usual 25-30mgs/Kg loading). This should not be given in a community setting.

    - It is important not to exceed a dose of 2gms in any single dose, and higher doses should be given over a longer time period.

    - A trough level should be taken prior to the 4th dose, and the dose and frequency adjusted accordingly. The ideal trough is between 15 and 20 µg/ml. Please discuss with your local pharmacy/Infectious Diseases/Clinical Microbiologist if you need further assistance.

    - **Patients should not be sent home to the community without knowing that they have an adequate vancomycin trough level.** Follow-up TDM should be performed at their routine weekly clinic visit.

    - Additional TDM in the community should be avoided, and if required, it is preferable to return the patient to the hospital setting where the prescribing team maintain responsibility for both the sample, the result, and any dose adjustment required.

    - Any dose adjustment will require a further order to be placed on the OPAT website for that patient and will need to be communicated to TCP/Fanning asap to avoid a delay in the next drug dose. No order changes can be taken over the phone.