

**Initiation of Vancomycin for Adult Inpatients**

<b>Allergies:</b> <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	<b>Weight:</b> _____ kg <b>Height:</b> _____ cm
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**Initial labs:**  Serum creatinine (SCr) stat  
 MRSA screen if not already done    Known MRSA status:  Positive     Negative

**vancomycin initial loading dose:**  vancomycin \_\_\_\_\_ mg IV x 1 dose (no loading dose if hemodialysis)

vancomycin loading dose based on total body weight (25 mg/kg)	
Weight (kg)	Dose (mg)
40 kg to 50 kg	1250 mg
51 kg to 60 kg	1500 mg
61 kg to 70 kg	1750 mg
71 kg to 100 kg or greater	2000 mg (max dose)

**vancomycin initial maintenance dose:**  vancomycin \_\_\_\_\_ mg IV q \_\_\_\_\_ h (see below for dosing interval)

vancomycin initial maintenance dose based on total body weight (15 mg/kg)	
Weight (kg)	Dose (mg)
40 kg to 50 kg	750 mg
51 kg to 70 kg	1000 mg
71 kg to 90 kg	1250 mg
91 kg to 100 kg (or greater)	1500 mg

**Initial maintenance interval:**

Based on measured or estimated creatinine clearance (CrCl):

- **Estimated CrCl = [(140 - age) x 90] / SCr (micromole/L)      Multiply by 0.85 for females**
- **Frail elderly patients, paraplegic, quadriplegic and amputee patients with low SCr:** Suggest choosing a longer dosing interval as SCr may not be an accurate measure due to low muscle mass

vancomycin initial maintenance dosing interval	
Creatinine clearance (mL/min)	Maintenance dosing interval
Greater than or equal to 100	q8h
50 to 99	q12h
30 to 49	q24h
15 to 29	q48h
Less than 15	Give loading dose and consult pharmacist
Peritoneal dialysis	Give loading dose and consult pharmacist
Hemodialysis	Give 1 maintenance dose and consult pharmacist

**Monitoring:**

- Draw initial **vancomycin** trough level **30 minutes prior to 4th dose of vancomycin (including the loading dose)** and notify pharmacy for follow up of level results (UHNBC pharmacy available from 08:00 to 16:00 weekends/holidays at 250-565-2317)
- SCr three times weekly (Monday, Wednesday, Friday) while on **vancomycin**
- **Avoid other nephrotoxic medications if possible while on vancomycin (e.g. NSAIDs)**

Physician signature: \_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

