

Vancomycin Overview

- Glycopeptide antibiotic administered IV (or PO for C. Diff infections) to treat patients with Gram + infections - MRSA
- Excreted through the kidneys
- Needs to be infused at a rate of no more than 10-15 mg/min
 - 1000 mg should be infused over an hour or longer
 - risk of histamine-mediated reaction with quick infusion of Vancomycin
- **Spectrum of coverage**
 - Gram-positive organisms including MRSA
 - C. difficile when administered orally
- **Adverse effects of Vancomycin**
 - Acute kidney injury - see cheat sheet on AKI
 - Ototoxicity - more common in elderly patients
 - Histamine reaction if infused too quickly “formerly known as red-man syndrome”
- **Monitoring trough levels of Vancomycin**
 - Following administration of the loading dose and the initial maintenance dose, vancomycin serum concentration monitoring is performed (trough levels)
 - trough target is 15-20 mcg/mL
 - once maintenance dosing has been established, serum vancomycin concentrations and creatinine levels should be monitored weekly