Vancomycin

Vancomycin dosing is weight based; ensure accuracy of documented weight before administration	
CAUTION: High Administration Risk Rating	
Form	500mg and 1g vials
Reconstitution	Add 10mL WFI to 500mg vial Add 20mL WFI to 1g vial **Further dilution essential before administration**
Compatibility & Stability	Sodium Chloride 0.9% Glucose 5% **From a microbiological point of view, should be used immediately**; however: • Prepared infusions may be stored at 2–8°C and infused (at room temperature) within 24 hours.
Administration	**IV Infusion** After reconstitution as above, dilute each 500mg with at least 100mL compatible infusion fluid, and infuse at a rate **not exceeding** 10mg/min. Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely.
Monitoring	Vancomycin blood level monitoring is required to ensure efficacy and minimise toxicity. Refer to CUH Antimicrobial guidelines on Eolas for further guidance. • Monitor renal function before starting and during treatment. • Monitor auditory and vestibular function during treatment.
Extravasation	Vancomycin is very irritant to tissue and may cause necrosis if extravasation occurs.
Additional Information	• To avoid 'red man' syndrome vancomycin should be administered at a maximum rate of 10mg/min. • Other side effects include otoxoticity and nephrotoxicity • The contents of vials for parenteral administration may be used for oral administration in the treatment of C Diff. Refer to CUH Antimicrobial guidelines on Eolas or contact pharmacy for further information. • Use with caution in teicoplanin sensitivity. • Vancomycin is usually prescribed as a **loading dose** followed by a **maintenance dose**.

Information provided relates to Vancocin® manufactured by Flynn Pharma and Vancomycin Mylan manufactured by Gerard and Vancomycin manufactured by Demo.