

Allergies:				
	Vanc	omycin IV Orde	r Set	M = MAR OE = ORDER ENT K = KARDEX N = NOTIFIED ACTION
	Please Note Pre omycin Therapy:	selected Orders Are	e MANDATORY	
Weight: kg	Height: cm	Creatinine:	µmol	
Exclusion				
	cin if C+S analysis demonstr m allergy or sensitivity to Van		beta-lactam antibiotics and in absence of	f clinically
Consults				
	or and make recommendation s unless otherwise specified b		ses as necessary according to weight/ren	al
Vancomycin Thera	py: (See Reverse – Ta	ble 1: Loading [Dose and Maintenance Dose Ch	art)
	or MRSA bacteremia, mei	ningitis, infective end	and in seriously ill patients (hemodynamic ocarditis, pneumonia) ** g dose) OR	instability
☐ Vancomycin Mainten	ance Dose: mg	IV (max 2,000 mg pe	er dose)	
Vancomycin Dosin	g Frequency: (see Re	verse – Table 2:	Vancomycin Dosing Frequency	/ Chart)
☐ q8h ☐ q12h	☐ q24h ☐ other: q	h 🗌 Pł	narmacist to determine frequency	
Lab Investigations				
Creatinine baseline a	nd every Monday, Wednesda	ay and Friday while o	on Vancomycin unless otherwise specified	I
Anticipated therapSerious infections	or unstable renal function	 Patients with (cystic fibrost) 	h rapid Vancomycin clearance sis, large burns) eiving more than 4 g of Vancomycin per o	day
☑ Pre-Vancomycin I☑ The sample must☑ Time of Vancomyc	ugh blood level before 4 th dos Trough blood levels are to be be drawn peripherally and No cin dose and time of Trough I comycin blood level weekly or	drawn 30 minutes of OT through a central level recorded on Me	r less before dose is due line dication Administration Record	
Indicate Target Trough V (see Reverse – Table 3	/ancomycin Level: 1 : Suggested Target Pre-Val	0 – 15 mg/L ncomycin Trough L	☐ 15 – 20 mg/L evel Based on Indication)	
next trough date if ne		_	en and physician or pharmacist to reasses	SS
Practitioner	Signature _		Date/Time	
			erified	
		Date/Tin	ne	
		03-16/V1		Page 1 of



Allergies:		
		M = MAR
		OE = ORDER ENTRY
	Vancomycin IV Order Set	K = KARDEX
	variourity or a cross cot	ti tienimm

K = KARDEX = NOTIFIED **ACTION**

Please Note Preselected Orders Are MANDATORY

Table 1: Vancomycin Loading Dose and Maintenance Dose Chart (based on actual body weight)

Actual Body Weight (kg)	Loading Dose (mg)**		Maintenance Dose (mg)		
Kg	Target trough 10 – 15 mg/L (20 mg/kg)	(15 mg/kg)			
40 – 50	1,000	1,250	750		
51 – 60	1,250	1,500	1,000		
61 – 70	1,250	1,750	1,000		
71 – 80	1,500	2,000	1,250		
81 – 90	1,750	2,250	1,250		
91 – 110	2,000	2,500	1,500		
111 – 120	2,500	2,500	1,750		
Greater than 120	2,500	2,500	2,000		

^{**}Consider loading dose in patients with serious MRSA infections

Table 2: Vancomycin Dosing Frequency Chart (in hours) (based on age and serum creatinine)

LOW-TARGET 10 – 15mg/L Initial Dosing Interval (hours) HIGH-TARGET 15 – 20mg/L Initial Dosing Interval (hours)															
SCr						SCr	Age Group (years)								
(µmol/L)	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	(µmol/L)	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89
40 – 60	8	8	12	12	12	18	24	40 – 60	8	8	8	8	8 - 12*	12	12
61 – 80	8	12	12	12	18	18	24	61 – 80	8	8	8 - 12*	12	12	12	12-18*
81 – 100	12	12	12	18	18	18	24	81 – 100	12	12	12	12	12-18*	18	18
101 – 120	12	12	18	18	18	24	24	101 – 20	12	12	12-18*	18	18	18	18
121 – 140	12	18	18	18	24			121 – 140	12	18	18	18	18	18 - 24*	
141 – 160	18	24	24	24				141 – 160	18	18	18	18 - 24*	24		
161 – 180	24	24						161 – 180	18 - 24*	24	24	24			
181 – 200	24														

^{*}If more aggressive therapy is desired, select a more frequent dosing interval

Shaded boxes: patients with unstable and/or reduced renal function, nomogram may not be as predictive*

Table 3: Suggested Target Pre-Vancomycin Trough Level Based on Indication

Target Pre-Vancomycin Level 10 – 15 mg/L for:	Target Pre-Vancomycin Level 15 – 20 mg/L for:
Skin and soft tissue infection not due to MRSA	☐ Catheter-associated bacteremia
Urinary tract infection (catheter associated; rule	☐ Central nervous system infection
out bacteremia)	☐ Deep-seated or sequestered infection (ex. abscess)
	□ Endocarditis
	MRSA bacteremia, pneumonia or skin and soft tissue infection

Practitioner	Signature	Date/Time	
Processed by	Nurse Verified		
Date/Time	Date/Time		