



Regional Order Set

Initiation of Vancomycin for Adults

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Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
PATIENT LABEL			

Allergies: ☐ None known ☐ Unable to obtain

List with reactions: _____

Weight: _____ kg

Height: _____ cm

Initial labs: ☐ serum creatinine (Cre)/eGFR 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 (20 mg/kg)	
Weight (kg)	Dose (mg)
40 kg to 50 kg	1000 mg
51 kg to 60 kg	1250 mg
61 kg to 75 kg	1500 mg
76 kg to 85 kg	1750 mg
86 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:

vancomycin initial maintenance dosing interval	
eGFR (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)
- serum creatinine (Cre)/eGFR three times weekly (Monday, Wednesday, Friday) while on **vancomycin**
- **Avoid other nephrotoxic medications if possible while on vancomycin (e.g. NSAIDs)**

Prescriber signature: _____ College ID: _____ Date: _____ Time: _____

