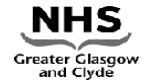


ADULT INTERMITTENT (PULSED) INFUSION VANCOMYCIN:



PRESCRIBING, ADMINISTRATION & MONITORING CHART

Patient Name:

Date of birth:

CHI no.:
Affix patient label

Age: Sex: M / F Weight:

Creatinine: On: / / Height:

Source of initial dosage regimen:

Online calculator (preferred method)

Manual calculation

Loading dose only, creatinine awaited

See back page for guidance on how to prescribe, administer and monitor vancomycin

- **PROMPT ADMINISTRATION** within 1 hour of recognising sepsis reduces mortality.
- Monitor creatinine (Cr) daily. Review therapy if renal function is unstable (e.g. change in Cr of >15-20 %) and seek advice.
- Signs of renal toxicity can include: ↓ urine output / oliguria or ↑ creatinine.

Actual body weight	Vancomycin loading dose
< 40 kg	750 mg in 250 mL NaCl 0.9% over 1.5 hours
40 - 59 kg	1000 mg in 250 mL NaCl 0.9% over 2 hours
60 - 90 kg	1500 mg in 500 mL NaCl 0.9% over 3 hours
>90 kg	2000 mg in 500 mL NaCl 0.9% over 4 hours

1 Vancomycin Loading Dose Prescription				Administration Record		
Ensure vancomycin is prescribed 'as per chart' on the medication kardex				Ensure administration record is also completed in the kardex		
Date to be given	Time to be given	Vancomycin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	Date given	*Infuse at no greater than 500 mg/hr* Time started	Given by

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN		Prescribed time(s)		Date	Date	Date	continue or amend on a separate box OVERLEAF if required
Dose (mg)	Route IV INFUSION	Date started	Other time :	exact time	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS		See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	0800	exact time	exact time	exact time	
			1200	exact time	exact time	exact time	
			1400	exact time	exact time	exact time	
			1800	exact time	exact time	exact time	
			2000	exact time	exact time	exact time	
Additional Instructions			2200	exact time	exact time	exact time	
Maximum infusion rate = 500 mg/hr			Other time :	exact time	exact time	exact time	
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due: _____							
Take the first pre-dose sample WITHIN 48 HOURS then at least every 2-3 days; sample daily if renal function is unstable.							
Date / Time of blood sample	Date	Time		Date	Time	Date	Time
Vancomycin level (mg/L)							
Action / Comments (please initial)							
Assess DAILY: the ongoing need for vancomycin; signs of toxicity							

Patient Name:

CHI no.:

- See back page for guidance on how to prescribe, administer and monitor vancomycin
- Monitor creatinine (Cr) daily. Seek advice if renal function is unstable (e.g. change in Cr of >15-20 %).
- Signs of renal toxicity can include: ↓ urine output / oliguria or ↑ creatinine. **Assess ongoing need for vancomycin DAILY.**

3 Maintenance Dose Prescription (Additional prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug VANCOMYCIN			Prescribed time(s)	Date	Date	Date
Dose (mg)	Route	Date started	Other time	exact time	exact time	exact time
	IV INFUSION		:			
			0800	exact time	exact time	exact time
Prescriber's signature, PRINTED name & STATUS		See box 4 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	1200			
			1400	exact time	exact time	exact time
			1800			
			2000	exact time	exact time	exact time
Additional Instructions			2200			
Maximum infusion rate = 500 mg/hr			Other time	exact time	exact time	exact time
			:			
CREATININE (micromol/L) RECORD DAILY						
VANCOMYCIN MONITORING: Specify when level(s) due; _____						
Sample (pre-dose) at least every 2-3 days; sample daily if renal function is unstable.						
Date / Time of blood sample	Date	Time	Date	Time	Date	Time
Vancomycin level (mg/L)						
Action / Comments (please initial)						

continue or amend on a new box BELOW if required

4 Maintenance Dose Prescription (Additional prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug VANCOMYCIN			Prescribed time(s)	Date	Date	Date
Dose (mg)	Route	Date started	Other time	exact time	exact time	exact time
	IV INFUSION		:			
			0800	exact time	exact time	exact time
Prescriber's signature, PRINTED name & STATUS		See box 5 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	1200			
			1400	exact time	exact time	exact time
			1800			
			2000	exact time	exact time	exact time
Additional Instructions			2200			
Maximum infusion rate = 500 mg/hr			Other time	exact time	exact time	exact time
			:			
CREATININE (micromol/L) RECORD DAILY						
VANCOMYCIN MONITORING: Specify when level(s) due; _____						
Sample (pre-dose) at least every 2-3 days; sample daily if renal function is unstable.						
Date / Time of blood sample	Date	Time	Date	Time	Date	Time
Vancomycin level (mg/L)						
Action / Comments (please initial)						

continue or amend on a new box OVERLEAF if required

Patient Name:

CHI no.:

- See back page for guidance on how to prescribe, administer and monitor vancomycin
- Monitor creatinine (Cr) daily. Seek advice if renal function is unstable (e.g. change in Cr of >15-20 %).
- Signs of renal toxicity can include: ↓ urine output / oliguria or ↑ creatinine. **Assess ongoing need for vancomycin DAILY**

5 Maintenance Dose Prescription (Additional prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date	Date	Date	
Dose (mg)	Route	Date started	Other time	exact time	exact time	exact time	
	IV INFUSION		: 0800	exact time	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS		See box 6 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	1200	exact time	exact time	exact time	
			1400	exact time	exact time	exact time	
			1800	exact time	exact time	exact time	
			2000	exact time	exact time	exact time	
			2200	exact time	exact time	exact time	
Additional Instructions			Other time	exact time	exact time	exact time	
Maximum infusion rate = 500 mg/hr			:				
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due; _____							
Sample (pre-dose) at least every 2-3 days; sample daily if renal function is unstable.							
Date / Time of blood sample		Date	Time	Date	Time	Date	Time
Vancomycin level (mg/L)							
Action / Comments (please initial)							

continue or amend on a new box BELOW if required

6 Maintenance Dose Prescription (Additional prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date	Date	Date	
Dose (mg)	Route	Date started	Other time	exact time	exact time	exact time	
	IV INFUSION		: 0800	exact time	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS		See new chart <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	1200	exact time	exact time	exact time	
			1400	exact time	exact time	exact time	
			1800	exact time	exact time	exact time	
			2000	exact time	exact time	exact time	
			2200	exact time	exact time	exact time	
Additional Instructions			Other time	exact time	exact time	exact time	
Maximum infusion rate = 500 mg/hr			:				
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due; _____							
Sample (pre-dose) at least every 2-3 days; sample daily if renal function is unstable.							
Date / Time of blood sample		Date	Time	Date	Time	Date	Time
Vancomycin level (mg/L)							
Action / Comments (please initial)							

continue or amend on a NEW CHART if required

ADULT INTERMITTENT (PULSED) INFUSION VANCOMYCIN: PRESCRIBING, ADMINISTRATION & MONITORING CHART

Guidance on how to use the chart

For NURSING STAFF

- CHECK kardex before administration to ensure vancomycin hasn't been discontinued.
- Date and **exact time** of administration must be completed in the 'Administration Record' section of the chart. Administration of all doses must also be recorded on the kardex.
- TWO nurses' signatures are required to provide an independent check of preparation and also to check the chart and kardex before administration.

For PRESCRIBERS

On the kardex

- Prescribe vancomycin in the regular parenteral section of the kardex "as charted".
- **Do not specify a dose or administration time on the kardex.**

On the prescription chart

- Prescribe the calculated loading dose in box 1 of the prescription chart. Do NOT use the 'Once Only' section of the kardex to prescribe the loading dose.
- Prescribe the calculated maintenance dose in box 2 of the prescription chart specifying the dose and administration time(s).
- Determine the required date and time of the first vancomycin level (based on the patient's current renal function), communicate this to nursing staff and document it in the vancomycin monitoring section of the chart.
- Record creatinine DAILY on the chart.
- If a new maintenance dose prescription box is required (due to change in dosage regimen or due to space), discontinue the current maintenance dose prescription box by scoring through and also ticking the 'see box x', adding a signature and date. Re-prescribe in the next maintenance dose prescription box. *There is no need to alter the kardex, which should state "as charted".*
- If a dose has to be withheld, endorse kardex code 9 in the administration box on the prescription chart.
- When stopping therapy, discontinue vancomycin on the kardex *and* on the prescription chart (by ticking the 'stopped' box). In addition, score through all pages of the chart with the word 'STOP'.

Guidance on prescribing and monitoring vancomycin therapy

Checking the patient's vancomycin concentration

- Take a vancomycin trough (pre-dose) sample within 48 hours of starting therapy. Thereafter, sample at least every 2-3 days; sample daily if renal function is unstable. Monitor creatinine daily.
- Record the exact time of all vancomycin samples on the prescribing box AND on the sample request form.

Interpreting vancomycin results and re-prescribing

- Always check that the dosing and sampling time histories are correct before making any adjustments.
- Record the measured concentration, refer to the dose adjustment table and reassess the dose amount / dosing interval as indicated.
- Document the vancomycin concentration on the chart and the action taken in the chart and medical notes. Prescribe the new dosage regimen if a change is required.
- Contact pharmacy for further advice as necessary (e.g. changing renal function, unexpected vancomycin result)

Vancomycin trough concentration	Suggested dose change
<10 mg/L	Increase the dose by 50% and consider reducing the dosage interval. Always seek advice if you are unsure or if the current dose is > 2500 mg daily.*
10 – 15 mg/L	If the patient is responding, maintain the present dosage regimen. If the patient is seriously ill, consider increasing the dose amount or reducing the dosage interval to achieve a trough level of 15 – 20 mg/L.
15 – 20 mg/L	Maintain the present dosage regimen
>20 mg/L	Stop until <20 mg/L then seek advice

*if daily doses above 4 grams are required, please ensure pharmacy have been contacted for advice

If the measured concentration is unexpectedly HIGH or LOW

- Were dose and sample times recorded accurately?
- Was the sample taken from the line used to administer the drug?
- Has renal function declined or improved?
- Did the patient receive the full intended dose?
- Was the correct dose administered?
- Was the sample taken during drug administration?
- Does the patient have oedema or ascites?