

New NHSGGC Vancomycin
Intermittent (Pulsed) Infusion
Prescribing Chart for Adults:
Guidance for Nurses

June 2014



The new NHSGGC vancomycin prescribing chart

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

NHS
Greater Glasgow and Clyde

Patient Name:
 Date of birth:
 CHI no.: *Apply 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 Administration Record

(Initial prescribing box) (TWO signatures for administration & record EXACT time(s))

Drug	Prescribed time(s)	Date	Date	Date
VANCOMYCIN				
Dose (mg)	Other time	exact time	exact time	exact time
Route				
IV INFUSION	0800	exact time	exact time	exact time
Prescriber's signature, PRINTED name & STATUS	1200	exact time	exact time	exact time
	1400	exact time	exact time	exact time
	1800	exact time	exact time	exact time
Additional Instructions	2000	exact time	exact time	exact time
	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

1

- Standardise practice across NHSGGC & bring vancomycin prescribing into line with gentamicin
- Improve documentation & communication of monitoring and plans

Check the patient details at the top of the prescribing chart

ADULT INTERMITTENT (PULSED) INFUSION VANCOMYCIN:

DRAFT PRESCRIBING, ADMINISTRATION & MONITORING CHART



Patient Name: Ian Nowell

Date of birth: 13/08/1978

CHI no.: 1308789999

Affix patient label

Age: 35 **Sex:** (M) F **Weight:** 63kg.
Creatinine: 100 **On:** 16 / 06 / 14 **Height:** 5'11"

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 (no change in Cr \times 1.5-2.0) and seek

Actual body weight	Vancomycin loading dose
< 40 kg	750 mg in 250 ml NaCl 0.9% over 1.5 hours

Check the patient details at the top of the prescribing chart

ADULT INTERMITTENT (PULSED) INFUSION VANCOMYCIN:



DRAFT PRESCRIBING, ADMINISTRATION & MONITORING CHART

Patient Name: Ian Nowell
Date of birth: 13/08/1978
CHI no.: 1308789999
Affix patient label

Age: 35 **Sex:** (M) F **Weight:** 63kg
Creatinine: 100 **On:** 16 / 06 / 14 **Height:** 5'11"

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 $\geq 15\%$ or ≥ 0.3 mg/dL).

Actual body weight	Vancomycin loading dose
< 40 kg	750 mg in 250 ml NaCl 0.9% over 1.5 hours

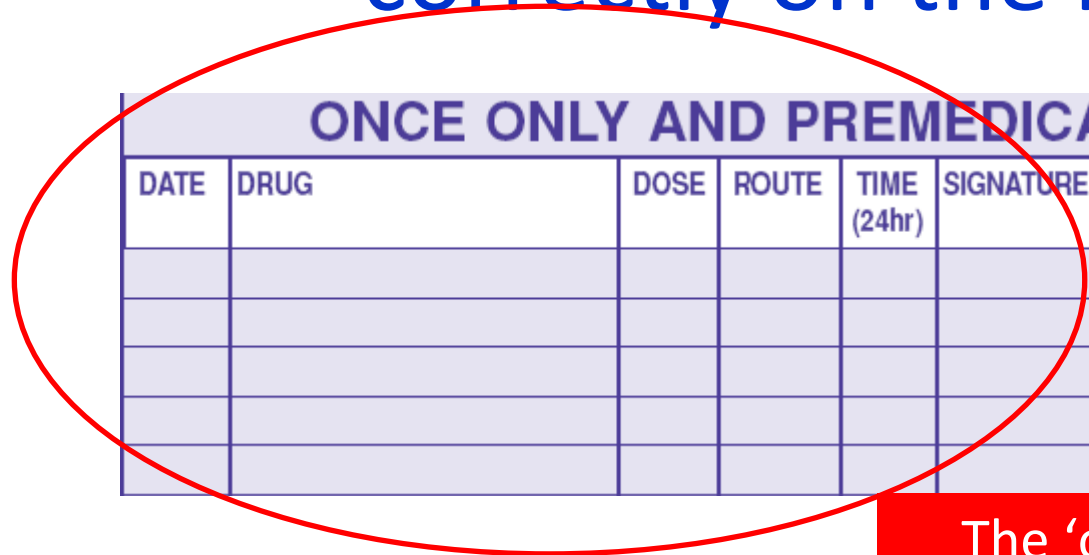


Check vancomycin has been prescribed correctly on the kardex

ONCE ONLY AND PREMEDICATION DRUGS							
DATE	DRUG	DOSE	ROUTE	TIME (24hr)	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN (24hr)

Parenteral Drugs : Regular Prescription												
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin								Other time		
		DOSE As charted	ROUTE IV	DATE 16/6/14	STOPPED	DATE:						
		PRESCRIBER (PRINT & SIGN)				INITIALS:						
		I Fixem (I FIXEM, FY1)										
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										0700-0900		
										1200-1400		
										1600-1800		
										2200-2400		
										Other time		

Check vancomycin has been prescribed correctly on the kardex



ONCE ONLY AND PREMEDICATION DRUGS							
DATE	DRUG	DOSE	ROUTE	TIME (24hr)	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN (24hr)

The 'once only' section of the medicine kardex must NOT be used to prescribe the loading dose.

Parenteral Drugs : Regular Prescriptions							
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin					
	DOSE	As charted	ROUTE	IV	DATE	16/6/14	STOPPED INITIALS:
	PRESCRIBER (PRINT & SIGN) I Fixem (I FIXEM, FY1)						
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						
		1600-1800					
		2200-2400					
		Other time					

Check vancomycin has been prescribed correctly on the kardex

ONCE ONLY AND		
DATE	DRUG	DOSE

Vancomycin is prescribed 'as charted' in the regular section of the kardex.

Dose & dose times must NOT be specified; this could lead to errors including duplicate dosing.

Parenteral Drugs : Regular Prescription															
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin			Other time										
	DOSE	As charted	ROUTE	IV	DATE	16/6/14	STOPPED	DATE:							
	PRESCRIBER (PRINT & SIGN)		I Fixem (I FIXEM, FY1)			INITIALS:									
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														

Sign for administering the loading dose on the vancomycin prescribing chart

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
16/6/14	22:15	1500 mg	I Fixem (I FIXEM, FY1)			

2 Maintenance Dose Prescription (Initial prescribing box)		Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug	Prescribed time(s)	Date	Date	Date	
VANCOMYCIN					

Sign for administering the loading dose on the vancomycin prescribing chart

See back page for guidance on how to sign

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

The loading dose is prescribed in Box 1 of the prescribing chart.

REMEMBER: prompt administration within 1 hour of recognition of sepsis reduces mortality.

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
16/6/14	22:15	1500 mg	I Fixem (I FIXEM, FY1)			

2 Maintenance Dose Prescription (Initial prescribing box)		Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug	Prescribed time(s)	Date	Date	Date
VANCOMYCIN				

Sign for administering the loading dose on prescribing chart

Record the date and EXACT time of administration on the prescribing chart.

TWO nurses' signatures are required to provide an independent check of preparation & also to check the chart and kardex before administration

Administer and monitor vancomycin

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
16/6/14	22:15	1500 mg	I Fixem (I FIXEM, FY1)	16/6/14	22:25	LS AP

2 Maintenance Dose Prescription (Initial prescribing box)		Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug	Prescribed time(s)	Date	Date	Date
VANCOMYCIN				

Also sign for administering the loading dose on the kardex

Parenteral Drugs : Regular Prescription															
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin			Other time										
	DOSE	As charted	ROUTE	IV	DATE	16/6/14	STOPPED	DATE:							
	PRESCRIBER (PRINT & SIGN)			I Fixem (I FIXEM, FY1)		STOPPED	INITIALS:								
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY														
										LS/AP					
										22:25					

Also sign for administering the loading dose on the kardex

Parenteral Drugs : Regular Prescription					
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin			Other time
	DOSE	As charted	ROUTE	IV	DATE
				16/6/14	DATE:
	PRESCRIBER (PRINT & SIGN)			STOPPED	INITIALS:
I Fixem (I FIXEM, FY1)					
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					0700-0900
					1200-1400
					1600-1800
					2200-2400
					Other time
					LS/AP 22:25

Two nurses' signatures are required, along with the exact time of administration.

Sign for administering the maintenance dose on the prescribing chart

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug VANCOMYCIN			Prescribed time(s)	Date 17/06/14	Date	Date
Dose (mg)	Route	Date started	Other time <u>10:00</u>	exact time 10:05 BS AB	exact time	exact time
1000 mg	IV INFUSION	17/06/14	0800	exact time	exact time	exact time
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)		See box 3 <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
Additional Instructions			<u>2200</u>	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: <u>18/06/14 09:30</u> _____						
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

continue or amend on a separate box OVERLEAF if r

Sign for administering the maintenance dose on the prescribing chart

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date 17/06/14	Date	Date	continue or amend o
Dose (mg)	Route	Date started	Other time <u>10:00</u>	exact time 10:05 BS AB	exact time	exact time	
1000 mg	IV INFUSION	17/06/14	0800	exact time	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS		See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/>	1200	exact time	exact time	exact time	
I Fixem (I FIXEM, FY1)		Date:	1400	exact time	exact time	exact time	
		Initials:	1800	exact time	exact time	exact time	
			2000	exact time	exact time	exact time	
Additional Instructions			<u>2200</u>				
Maximum infusion rate = 500 mg/hr			Other time :				
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due: 18/06							
Take the first pre-dose sample WITHIN 48 HOURS then at least every 48 hours							
Date / Time of blood sample	Date	Time					

The first maintenance dose will be prescribed in Box 2 of the chart, detailing the dose, date and administration times. The 'Other time' options may be used if the pre-printed times are not suitable.

Sign for administering the maintenance dose on the prescribing chart

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date 17/06/14	Date	Date	continue or amend o
Dose (mg) 1000 mg	Route IV INFUSION	Date started 17/06/14	Other time 10:00	exact time 10:05 BS AB	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)		See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	0800	exact time	exact time	exact time	
Additional Instructions **Maximum infusion rate = 500 mg/hr**			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	
			Other time :				
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due: 18/							
Take the first pre-dose sample WITHIN 48 HOURS then at least e							
Date / Time of blood sample	Date	Time					

ALWAYS check that vancomycin has not been stopped on the kardex before administering.

ALWAYS check the date and time carefully before administering, particularly if the patient is being dosed 48 hourly.

Sign for administering the maintenance dose on the prescribing chart

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date 17/06/14	Date	Date	continue or amend on a separate box OVERLEAF if r
Dose (mg)	Route	Date started	Other time 10:00	exact time 10:05 BS AB	exact time	exact time	
1000 mg	IV INFUSION	17/06/14	0800	exact time	exact time	exact time	
Prescriber's signature, PRINTED name & STATUS						exact time	
I Fixem (I FIXEM, FY1)						exact time	
Additional Instructions						exact time	
**Maximum infusion rate						exact time	
CREATININE (micromol/L) RECORD DAILY							
VANCOMYCIN MONITORING: Specify when level(s) due: 18/06/14 09:30 _____							
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	

Record the date and exact time of administration on the prescribing chart.

TWO nurses' signatures are required.

Sign for administering the maintenance dose on the prescribing chart

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))			
Drug VANCOMYCIN			Prescribed time(s)	Date 17/06/14	Date	Date	continue or amend on a separate box OVERLEAF if r
Dose (mg) 1000	Route	Date started 17/06/14	Other time <u>10:00</u>	exact time 12:05 BS AB	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				exact time	exact time	exact time	
				09:30			
				-3 days; sample daily if renal function is unstable.			
				Time	Date	Time	

Delayed doses (e.g. no IV access) should be signed for in the box corresponding to the PRESCRIBED time (NOT the box corresponding to the *actual* administration time).
 If a dose is delayed SIGNIFICANTLY the vancomycin may need to be re-prescribed to reflect the new dosing time(s). Seek advice from medical/pharmacy staff if you are unsure if this is necessary or not.

Also sign for administering the maintenance doses on the kardex

Parenteral Drugs : Regular Prescription																																																																
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG Vancomycin																																																														
	DOSE	As charted	ROUTE	IV																																																												
			DATE	16/6/14																																																												
	PRESCRIBER (PRINT & SIGN)			STOPPED DATE:																																																												
	I Fixem (I FIXEM, FY1)			INITIALS:																																																												
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																																																																
<table border="1"> <tr> <td>Other time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0700-0900</td> <td></td> <td>BS/AB</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1200-1400</td> <td></td> <td>10:05</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1600-1800</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2200-2400</td> <td></td> <td>LS/AP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other time</td> <td></td> <td>22:25</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Other time										0700-0900		BS/AB								1200-1400		10:05								1600-1800										2200-2400		LS/AP								Other time		22:25							
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1600-1800																																																																
2200-2400		LS/AP																																																														
Other time		22:25																																																														

Also sign for administering the maintenance doses on the kardex

Again, two nurses' signatures are required, along with the exact time of administration.

Parenteral Medication		Drug		Dose		Route		Date		Time	
<input type="checkbox"/> BEFORE ADMISSION		A		Vancomycin				16/6/14		0700-0900	
<input type="checkbox"/> NEW DOSE		As charted		IV				16/6/14		1200-1400	
<input type="checkbox"/> NEW MEDICATION		I Fixem (I FIXEM, FY1)								1600-1800	
<input checked="" type="checkbox"/>		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								2200-2400	
										Other time	
										LS/AP 22:25	
										BS/AB 10:05	

Monitoring will be recorded on the prescribing chart

Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)	See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/>	1200				
	Date: Initials:	1400	exact time	exact time	exact time	
		1800				
		2000	exact time	exact time	exact time	
Additional Instructions **Maximum infusion rate = 500 mg/hr**		2200 Other time :	exact time 22:05 LS AP	exact time 22:17 LS BB	exact time 	
CREATININE (micromol/L) RECORD DAILY			102	98	96	
VANCOMYCIN MONITORING: Specify when level(s) due: <u>18/06/14 09:30</u> <u>20/06/14 09:30</u> _____						
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 18/06/14	Time 09:40	Date	Time	Date	Time
Vancomycin level (mg/L)	16.2					
Action / Comments (please initial)	Continue same dose. Recheck level 20/06 AM (IF, FY1)					
Assess DAILY: the ongoing need for vancomycin; signs of toxicity						

e or amend on a separate box OVERLEAF if required

Monitoring will be recorded on the prescribing chart

Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)	See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/>	1200			
	Date: Initials:	1400	exact time	exact time	exact time
		1800			
		2000	exact time	exact time	exact time
Additional Instructions **Maximum infusion rate = 500 mg/hr**		2200 Other time :	exact time 22:05 LS AP	exact time 22:17 LS BB	exact time
CREATININE (micromol/L) RECORD DAILY			102	98	96
VANCOMYCIN MONITORING Take the first pre-dose sample... renal function is unstable.		18/06/14 09:30 - 20/06/14 09:30		Date	Time
Date / Time of blood sample					
Vancomycin level (trough)					
Action / Comments (please include)					
20/06 AM (IF, FY1)					
Assess DAILY: the ongoing need for vancomycin; signs of toxicity					

Medical staff should check creatinine (renal function) daily and record the result on the prescribing chart.

or amend on a separate box OVERLEAF if required

Monitoring will be recorded on the prescribing chart

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
Dose (mg)	Route	Date started	Other time	exact time	exact time	exact time
1000 mg	IV INFUSION	17/06/14	10:00			
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)		See box 3 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	0800	exact time	exact time	exact time
			1200			
			1400	exact time	exact time	exact time
			1800			
			2000			
Additional Instructions			Other time			
Maximum infusion rate = 500 mg/hr			2200			
CREATININE (micromol/L) RECORD DATE						
VANCOMYCIN MONITORING: Specify when level(s) due: <u>18/06/14 09:30</u>						
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

Medical staff should record the date & time when vancomycin levels are due on the prescribing chart.

Monitoring will be recorded on the prescribing chart

Medical staff should record details of the vancomycin blood sample date, the actual time it was taken and the result on the prescribing chart, along with details of the action taken.

Vancomycin levels should be checked **AT LEAST EVERY 2-3 DAYS.**

Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)	See box 3 <input type="checkbox"/>	120				
	Stopped <input type="checkbox"/>	140				
	Date:	180				
	Initials:	200				
Additional Instructions **Maximum infusion rate = 500 mg/hr**		220	Other			
CREATININE (micromol/L) RECORD						
VANCOMYCIN MONITORING: Specify when level(s) d						
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
	18/06/14	09:40				
Vancomycin level (mg/L)	16.2					
Action / Comments (please initial)	Continue same dose. Recheck level 20/06 AM (IF, FY1)					
Assess DAILY the ongoing need for vancomycin; signs of toxicity						

Monitoring will be recorded on the prescribing chart

Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)	See Sto Date Initi
Additional Instructions **Maximum infusion rate = 500	
CREATININE	
VANCOMYCIN MONITORING: Sp Take the first pre-dose sample W Date / Time of blood sample Vancomycin level (mg/L) Action / Comments (please initial) Assess	

If a dose is to be withheld (e.g. if the patient's renal function has deteriorated) the prescriber should endorse kardex code '9' in the relevant administration box on the prescription chart.

Note: vancomycin is NOT normally withheld while awaiting the result of a level, unless the patient's renal function is deteriorating.

Seek advice urgently from a doctor or pharmacist if you are in any doubt over whether a dose is to be given or withheld pending levels.

exact time	e or amend on a separate box OVERLEAF if required
exact time	
exact time	
96	
action is unstable.	
Time	

Remember; each prescription box only lasts for a maximum of 3 days therapy

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
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 3 <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: _____ 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						

continue or amend on a separate box OVERLEAF if required

Remember; each prescription box only lasts for a maximum of 3 days therapy

2 Maintenance Dose Prescription (Initial prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))				
Drug	Dose (mg)	Route	Date started	Prescribed time(s)	Date	Date	Date	
VANCOMYCIN					exact time	exact time	exact time	
					exact time	exact time	exact time	
					exact time	exact time	exact time	
					exact time	exact time	exact time	
					exact time	exact time	exact time	
					exact time	exact time	exact time	
				2-3 days; sample daily if renal function is unstable.				
					Date	Time	Date	Time
				omycin; signs of toxicity				

Ongoing therapy must be re-prescribed in a new prescription box when necessary, EVEN IF THERE HAS NOT BEEN A DOSE CHANGE. Failure to do this may result in missed doses.

Nurses should inform medical staff URGENTLY if there are no administration spaces left in the current prescribing box and a dose is due soon.

A new prescription box should be used to continue/amend therapy

Patient Name: Ian Nowell

CHI no.: 1308789999

- 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.

2 Maintenance Dose Prescription (Initial prescribing box)			
Drug VANCOMYCIN			Prescribed time(s)
Dose (mg)	Route	Date started	Other time
1000 mg	IV INFUSION	17/06/14	10:00 0800
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)		See box 3 <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Date: 20/06/14 Initials: IF (FY1)	1200
			1400
			1800
			2000
Additional Instructions			2200 Other time :
Maximum infusion rate = 500 mg/hr			

3 Maintenance Dose Prescription (Additional prescribing box)			
Drug VANCOMYCIN			Prescribed time(s)
Dose (mg)	Route	Date started	Other time
1000 mg	IV INFUSION	17/06/14	10:00 0800
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)		See box 4 <input type="checkbox"/> Stopped <input type="checkbox"/> Date: Initials:	1200
			1400
			1800
			2000
Additional Instructions			2200 Other time :
Maximum infusion rate = 500 mg/hr			

A new prescription box should be used to continue/amend therapy

Patient Name: Ian Nowell

CHI no.: 1308789999

- See back page for guidance on how to prescribe, administer and monitor vancomycin
- Monitor creatinine (Cr) daily (target < 20%).
- Signs of renal toxicity can include ... need for vancomycin DAILY.

Patient details MUST be added to the top of the page EACH TIME a new page is started.

2 Maintenance Dose Prescription (Initial prescribing box)				Maintenance Dose Prescription (Continuation box)			
Drug			Prescribed time(s)	Drug			Prescribed time(s)
VANCOMYCIN				VANCOMYCIN			
Dose (mg)	Route	Date started	Other time	Dose (mg)	Route	Date started	Other time
1000 mg	IV INFUSION	17/06/14	10:00	1000 mg	IV INFUSION	17/06/14	10:00
Prescriber's signature, PRINTED name & STATUS		See box 3 <input checked="" type="checkbox"/> Stopped <input type="checkbox"/>	1200	Prescriber's signature, PRINTED name & STATUS		See box 4 <input type="checkbox"/> Stopped <input type="checkbox"/>	1200
I Fixem (I FIXEM, FY1)		Date: 20/06/14	1400	I Fixem (I FIXEM, FY1)		Date:	1400
		Initials: IF (FY1)	1800			Initials:	1800
			2000				2000
Additional Instructions			2200	Additional Instructions			2200
Maximum infusion rate = 500 mg/hr			Other time	**Maximum infusion rate = 500 mg/hr**			Other time
			:				:

A new prescription box should be used to continue/amend therapy

Patient Name: Ian Nowell

- See back page for guidance on how to prescribe
- Monitor creatinine (Cr) daily. Seek advice if
- Signs of renal toxicity can include: ↓ urine c

cin DAILY.

If a new maintenance dose is needed (e.g. new dose or run out of administration spaces) the current prescription box should be discontinued by the prescriber. It should be scored through, the 'see box x' ticked and the prescriber's initials and the date completed.

2 Maintenance Dose Prescription (Initial prescribing box)		
Drug VANCOMYCIN		
Dose (mg)	Route	Date started
1000 mg	IV INFUSION	17/06/14
Prescriber's signature, PRINTED name & STATUS		See box 3 <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Date: 20/06/14 Initials: IF (FY1)
Additional Instructions		1400 1800 2000 2200 Other time :
Maximum infusion rate = 500 mg/hr		

PRINTED name & STATUS		Stopped <input type="checkbox"/>
I Fixem (I FIXEM, FY1)		Date:
		Initials:
Additional Instructions		1400 1800 2000 2200 Other time :
Maximum infusion rate = 500 mg/hr		

A new prescription box should be used to continue/amend therapy

Patient Name: Ian Nowell

CHI no.: 1308789999

- 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.

Vancomycin should be re-prescribed in the next maintenance dose prescription box. THERE IS NO NEED for the kardex to be altered, as this should state 'as charted' with no dose or administration time.

Nurses should liaise with prescribers to ensure that this step is not overlooked, otherwise doses could be missed.

3 Maintenance Dose Prescription (Additional prescribing box)			
Drug			Prescribed time(s)
VANCOMYCIN			
Dose (mg)	Route	Date started	Other time
1000 mg	IV INFUSION	17/06/14	10:00
Prescriber's signature, PRINTED name & STATUS I Fixem (I FIXEM, FY1)			0800
			1200
			1400
			1800
Additional Instructions			2000
			2200
Maximum infusion rate = 500 mg/hr			Other time :

A new prescription box should be used to continue/amend therapy

Patient Name: Ian Nowell

CHI no.: 1308789999

- See back page for guidance on how to prescribe, administer and monitor vancomycin
- Monitor creatinine (Cr) daily
- Signs of renal toxicity can include

2 Maintenance Dose Prescription (Initial prescribing box)

Drug VANCOMYCIN	
Dose (mg)	Route
1000 mg	IV INFUSION
Prescriber's signature, PRINTED name & STATUS	
I Fixem (I FIXEM, FY1)	
Additional Instructions	
Maximum infusion rate = 500 mg/hr	

The date in subsequent prescribing boxes should be that on which the CURRENT maintenance dose was started (17/6 in this case as the maintenance dose has not changed since then).

Check the date carefully before administering. Seek advice from the prescriber if there is any doubt over the date the next dose is due.

Maintenance Prescription (Subsequent prescribing box)

	Prescribed time(s)
Date started	Other time
17/06/14	10:00
See box 4 <input type="checkbox"/> Stopped <input type="checkbox"/>	0800
	1200
	1400
	1800
Date:	2000
Initials:	2200
	Other time
	:

A stop should be indicated on BOTH the medicine kardex & the prescription chart

Parenteral Drugs : Regular Prescription																																																
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG	Vancomycin																																													
		DOSE	As charted	ROUTE	IV	DATE	16/6/14																																									
		PRESCRIBER (PRINT & SIGN)	I Fixem (I FIXEM, FY1)																																													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																																														
				STOPPED	DATE:	21/06/14																																										
					INITIALS:	IF (FY1)																																										
<table border="1"> <tr> <td>Other time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0700-0900</td> <td></td> <td>LS/AP</td> <td>AP/IR</td> <td>LS/AP</td> <td>IR/LS</td> <td>LS/AP</td> </tr> <tr> <td>1200-1400</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1600-1800</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2200-2400</td> <td></td> <td>LS/AP</td> <td>AP/IR</td> <td>LS/AP</td> <td>IR/LS</td> <td>LS/AP</td> </tr> <tr> <td>Other time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Other time							0700-0900		LS/AP	AP/IR	LS/AP	IR/LS	LS/AP	1200-1400							1600-1800							2200-2400		LS/AP	AP/IR	LS/AP	IR/LS	LS/AP	Other time						
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Other time																																																

3 Maintenance Dose Prescription (Additional prescribing box)				Administration Record (TWO signatures for administration & record EXACT time(s))		
Drug			Prescribed time(s)	Date	Date	Date
VANCOMYCIN			Other time	exact time 09:55	exact time 10:55	exact time
Dose (mg)	Route	Date started	10:00	IR LS	IR LS	
1000 mg	IV INFUSION	17/06/14	0800	exact time	exact time	exact time
Prescriber's signature, PRINTED name & STATUS		See box 4 <input type="checkbox"/> Stopped <input checked="" type="checkbox"/>	1200	exact time	exact time	exact time
I Fixem (I FIXEM, FY1)		Date: 21/06/14	1400			
		Initials: IF (FY1)	1800			
Additional Instructions			2000	exact time 22:15	exact time	exact time
			2200	LS AP		
			Other time	exact time	exact time	exact time
			:			
Maximum infusion rate = 500 mg/hr						
CREATININE (micromol/L) RECORD DAILY						

continue or amend on a new box BELOW

A stop should be indicated on BOTH the medicine kardex & the prescription chart

Parenteral Drugs : Regular Prescription																											
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input checked="" type="checkbox"/>	A	DRUG	Vancomycin																								
	DOSE	As charted	ROUTE	IV	DATE	16/6/14																					
	PRESCRIBER (PRINT & SIGN)	I Fixem (I FIXEM, FY1)		STOPPED	DATE:	21/06/14																					
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS	IF (FY1)																							
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Other time																											
0700-0900	LS/AP	AP/IR	LS/AP	IR/LS	LS/AP																						
1200-1400																											

To stop, vancomycin should be discontinued the on the kardex AND the prescription chart. Check both before administering in case a stop has been indicated only on 1 of these in error.

3 Maintenance Dose Prescription (Additional prescribing box)			
Drug			Prescribed time(s)
VANCOMYCIN			Other time
Dose (mg)	Route	Date started	10:00
1000 mg	IV INFUSION	17/06/14	0800
Prescriber's signature, PRINTED name & STATUS		See box 4 <input type="checkbox"/> Stopped <input checked="" type="checkbox"/>	1200
I Fixem (I FIXEM, FY1)		Date: 21/06/14	1400
		Initials: IF (FY1)	1800
Additional Instructions			2000
Maximum infusion rate = 500 mg/hr			2200
			Other time
			:
CREATININE (micromol/L) RECORD DAILY			

See the back of the chart for guidance notes

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'.