REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
vancomycin

Effective Date: Dec 2012 **Revised Date:** January 2025	CLASSIFICATION **Antibiotic**	OTHER NAMES **Vancocin**	PAGE 1 of 2

ADMINISTRATION POLICY:
IV Intermittent - May be administered by a nurse **MINI-BAG PLUS COMPATIBLE**
IM Injection - *Not recommended*
Subcutaneous - *Not recommended*
IV Bolus - ***DO NOT GIVE***

RECONSTITUTION/DILUTION/ADMINISTRATION:
Available as: 500 mg and 1 gram vial

*Note: Colour of reconstituted solution may vary from light to dark yellow. Safety and potency is **NOT** affected.*

Strength	Volume of sterile water for injection*	Final concentration	Final volume
500 mg	5 mL	100 mg/mL	5 mL
1 gram	10 mL	100 mg/mL	10 mL

IV Intermittent: MINI-BAG PLUS COMPATIBLE (Exception: Eugia brand)

For fluid restricted patients, dilute in 25 mL minimum volume and administer via central venous access device over at least 60 minutes, otherwise follow table below.

Dose Ordered	**Diluent - normal saline or D5W**	**Fluid Restricted – normal saline or D5W**	**Rate (minutes)**
250 mg	100 mL	25mL or 50mL	15
500 mg		50mL	30
750 mg	250 mL	100 mL	45
1 gram			60
1.25 grams		250mL	75
1.5 grams	500 mL		90
1.75 grams			105
2 grams			120
2.25 grams			135
2.5 grams			150
3 grams			180

Maximum rate: 1 gram over 1 hour

Maximum concentration: 5 mg/mL (peripheral)
10 mg/mL (central preferred)

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DOSAGE: 15 to 20 mg/kg per dose (rounded to the nearest 250 mg) every 8 to 12 hours
Adjust dose based on renal function and plasma concentration.

For hemodialysis: Consult Manitoba Renal Program Order Set for empiric vancomycin dosing

Maximum single dose: 3 grams

Maximum daily dose: 6 grams

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 24 hours at room temperature

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, combination dextrose-saline solutions and lactated ringer

POTENTIAL HAZARDS:

- Vancomycin Infusion Reaction:
  - Sudden hypotension with or without maculopapular rash over the face, neck, upper chest and estremities
  - Wheezing, dyspnea, angioedema, urticaria and pruritis may also occur
  - Such infusion related adverse events may be due to rapid infusion or once daily dosing protocols
  - Follow dilution and administration guidelines carefully
  - Decreasing the infusion rate or stopping the infusion may be required
  - Have diphenhydramine readily available
- Thrombophlebitis:
  - Minimize by rotating IV sites.
  - CVAD administration recommended

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Adjust dose as needed in patients with renal impairment, no adjustment required for hepatic dysfunction.
- Monitor patient initially every 15 minutes for rash, and hypotension. Slow infusion if reaction occurs. Call physician and record blood pressure and heart rate.
- Do not hold the vancomycin dose unless recommended by pharmacist or prescriber
- Trough levels: may vary from 5 to 20 mg/L depending on indication.
  - Draw 5 to 30 minutes prior to next dose.
  - Frequency of blood monitoring may vary from 1 to 2 x per week based on renal function, age and other risk factors.
- Contact a pharmacist for interpretation of vancomycin levels
- See Adult Vancomycin Monitoring and Dosing Guideline CLI.6010.SG.001