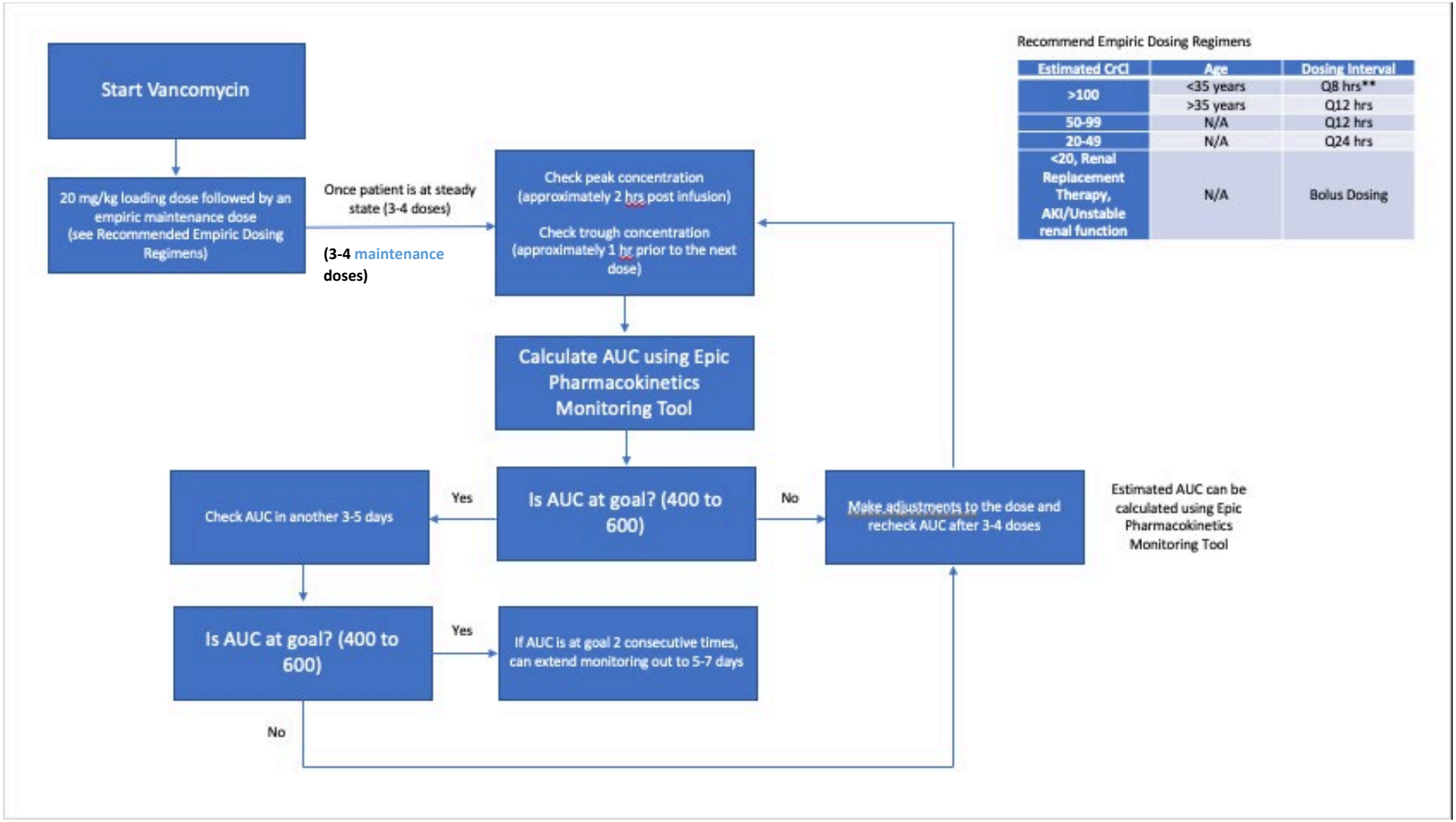
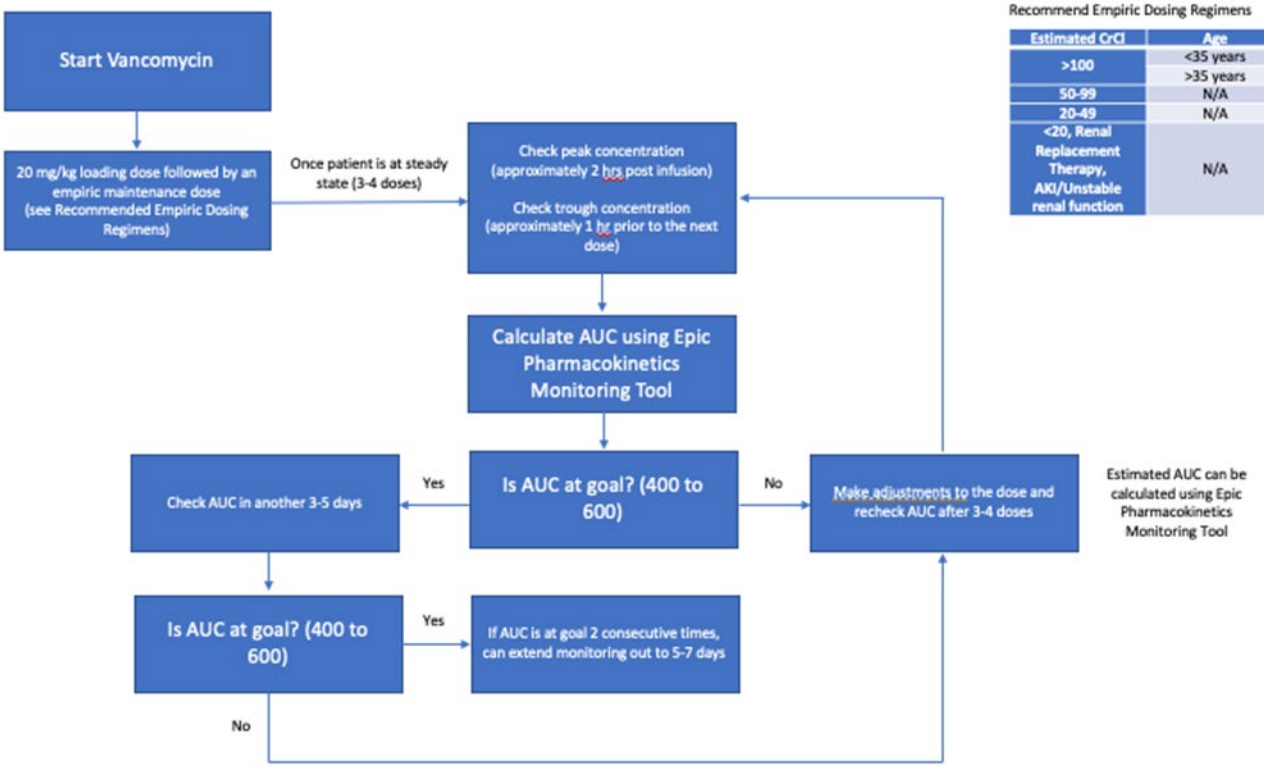
<table>
<tr><th></th><th>Loading Dose
Actual body weight (mg/ kg)</th><th>Max
(mg)</th><th>Level Timing</th><th>Maintenance Dosing</th><th>Goal</th><th>Misc.</th></tr>
<tr><td colspan="7">Non- AUC Dosing Patients</td></tr>
<tr><td>Intermittent Hemodialysis</td><td>20 – 25</td><td rowspan="4">2000</td><td>• 24 – 48 hours post dose
or
• AM labs on dialysis day</td><td>Bolus
500 – 1000 mg post dialysis based upon level</td><td>See below</td><td>• Post dialysis levels 4 hours following dialysis (special cases)</td></tr>
<tr><td>CRRT</td><td>20 – 25</td><td>After 3rd dose repeat as clinically necessary</td><td>15 – 20 mg/kg</td><td>Trough
10 – 20</td><td></td></tr>
<tr><td>PD</td><td>20</td><td>• 48 hours post dose</td><td>Bolus
15 mg/kg when levels reach 10 – 15 mcg/dL</td><td>See below</td><td></td></tr>
<tr><td>AKI</td><td>20 – 25</td><td>• 24 – 48 hours post dose</td><td>Bolus
500 – 1000 mg based upon level</td><td>See below</td><td></td></tr>
<tr><td colspan="7">AUC Dosing Patients</td></tr>
<tr><td>Stable Renal Function</td><td>20 – 25</td><td>2500</td><td>First Calculation
• Schedule levels after 3 – 4 maintenance doses
• Peak: 1 -2 hours after infusion finishes
• Trough: 1 hour prior to next infusion
Later Calculations
• See pathway on reverse side</td><td>10 – 20 mg/kg/dose (daily max 4500)
<table><tr><th>CrCl</th><th>Age</th><th>Dosing Interval</th></tr><tr><td rowspan="2">>100</td><td>< 35 years</td><td>Q 8*</td></tr><tr><td>>35 years</td><td>Q 12</td></tr><tr><td>50 – 99</td><td rowspan="3"></td><td>Q 12</td></tr><tr><td>20 – 49</td><td>Q 24</td></tr><tr><td>< 20</td><td>Bolus
(see AKI)</td></tr></table></td><td>Calculated AUC:
400 – 600
select 500 as starting point</td><td>• Q 8 dosing:
-Peak can be drawn 1 hour post infusion
-Trough 30 min prior to infusion
• Levels should be during the same interval</td></tr>
</table>

*see full policy

Dose (mg)	250	500	750	1000	1250	1500	1750	2000	2250	2500
Volume (mL)	100	100	250	250	500	500	500	500	500	500
Infusion Timing	30 min	30 min	1 hr	1 hr	1 hr	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs

Trough 10 – 15	**Trough 15 – 20**
SSTI	Sepsis/bacteremia
UTI	Endocarditis
Surgical prophylaxis	Osteomyelitis
All other infections	Meningitis
	Pneumonia
	MRSA MIC > 1
	Enterococcus infections


Start Vancomycin
20 mg/kg loading dose followed by an empiric maintenance dose (see Recommended Empiric Dosing Regimens)
Once patient is at steady state (3-4 doses)
(3-4 maintenance doses)
Check peak concentration (approximately 2 hrs post infusion)
Check trough concentration (approximately 1 hr prior to the next dose)
Calculate AUC using Epic Pharmacokinetics Monitoring Tool
Is AUC at goal? (400 to 600)
Yes
Check AUC in another 3-5 days
Is AUC at goal? (400 to 600)
Yes
If AUC is at goal 2 consecutive times, can extend monitoring out to 5-7 days
No
No
Make adjustments to the dose and recheck AUC after 3-4 doses
Estimated AUC can be calculated using Epic Pharmacokinetics Monitoring Tool
Recommend Empiric Dosing Regimens
Estimated CrCl
Age
Dosing Interval
>100
<35 years
Q8 hrs**
>35 years
Q12 hrs
50-99
N/A
Q12 hrs
20-49
N/A
Q24 hrs
<20, Renal Replacement Therapy, AKI/Unstable renal function
N/A
Bolus Dosing



Recommend Empiric Dosing Regimens

Estimated CrCl	Age	Dosing Interval
>100	<35 years	Q8 hrs**
	>35 years	Q12 hrs
50-99	N/A	Q12 hrs
20-49	N/A	Q24 hrs
<20, Renal Replacement Therapy, AKI/Unstable renal function	N/A	Bolus Dosing