

PRACTITIONER PRE-PRINTED ORDERS
Vancomycin IV: Initial Treatment (ADULTS)

To complete the order form, fill in required blanks and/or check the appropriate boxes.
Bulleted items will be initiated automatically.
To delete orders, draw one line through the item and initial.

Allergies: See Allergy / Intolerance Record	Patient Weight Est. _____ kg Actual _____ kg
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Posted Initial	ORDERS AND SIGNATURE	Page 1 of 1
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	<p><u>Diagnosis</u></p> <p>Select RQHR-Approved <u>Indication</u> for IV Vancomycin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection by gram-positive bacteria in those with serious allergies to β-lactam antibiotics (e.g. hives, shortness of breath, facial/throat swelling) <input type="checkbox"/> Serious infections (e.g. endocarditis, peritonitis, septicemia) caused by β-lactam-resistant gram-positive bacteria (e.g. suspected or documented MRSA, coagulase negative Staphylococcus) <input type="checkbox"/> Bacterial meningitis <i>pending C&S results</i>
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	<p><u>Investigations or Tests</u></p> <ul style="list-style-type: none"> • Obtain weight and record above in kilograms (kg) • CBC with differential x1 • Obtain C&S: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Wound <input type="checkbox"/> Other: _____ • Renal panel x1 (<i>Excludes</i> dialysis patients)
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	<p><u>Consults/Referrals</u></p> <ul style="list-style-type: none"> • Consult pharmacist to manage/adjust vancomycin as per RQHR Protocol & Procedures (Fax Pharmacy → No need to contact on-call pharmacist if after hours)
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	<p><u>Medication</u></p> <p>Select <u>ONE</u> of the THREE following options: → Refer to Appendix for Weight-Based Dose Guide</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>No Renal Dysfunction AND at least one of the following present:</u> <ul style="list-style-type: none"> • Meningitis or hospital-acquired pneumonia <i>regardless of organism</i> • Bacteremia, endocarditis, osteomyelitis, deep-seated infections <i>due to S. aureus</i> • Febrile neutropenia with no identifiable source of infection • High volume of distribution (e.g. serious burns or fluid overload, such as acute heart failure) <p>Administer vancomycin 25 mg/kg x _____ kg = _____ mg (nearest 250mg; <u>max 2.5g</u>) IV x 1 followed 12h later by: vancomycin 15mg/kg x _____ kg = _____ mg (nearest 250mg; <u>max 2g</u>) IV q12h</p> <input type="checkbox"/> <u>No Renal Dysfunction and NOT one of the listed conditions above:</u> Administer vancomycin 15mg/kg x _____ kg = _____ mg (nearest 250mg; <u>max 2g</u>) IV q12h <input type="checkbox"/> <u>Significant Renal Dysfunction (i.e. Crcl less than 10mL/min):</u> Administer vancomycin 25 mg/kg x _____ kg* = _____ mg (nearest 250mg; <u>max 2.5g</u>) IV x 1 *If Hemodialysis patient: Use most recent post-dialysis weight. After above loading dose, continue vancomycin x _____ days during last hour of <u>each</u> subsequent dialysis session as follows: <ul style="list-style-type: none"> <input type="checkbox"/> 75 kg or less: 500mg IV <input type="checkbox"/> More than 75 kg: 750mg IV
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Date & Time	Practitioner Signature:
	Practitioner Name (printed):

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Vancomycin Weight-Based Dose Guide

Loading Dose x1: 25 mg/kg IV (Total/Actual Body Weight, rounded to *nearest* 250mg, Maximum 2.5 g)

Actual Weight (kg)*	40 - 45	46 - 55	56 - 65	66 - 75	76 - 85	86 - 95	96kg or more
Dose (mg)	1000	1250	1500	1750	2000	2250	2500

*For patients on hemodialysis, use post-dialysis weight

Maintenance Dose: 15mg/kg IV (Total/Actual Body Weight, rounded to *nearest* 250mg, Maximum 2g)

Actual Weight (kg)	25 - 41	42 - 58	59 - 75	76 - 91	92 - 108	109 - 125	126kg or more
Dose (mg)	500	750	1000	1250	1500	1750	2000