



Using the gathered information presented in this paper, two user-friendly and scientifically based dosing strategies are proposed to improve the efficiency of vancomycin dosing while avoiding the risk of nephrotoxicity and minimizing the cost of therapeutic drug monitoring” Elbarbry (2017).

Abstract:

After more than six decades of its use as the mainstay antibiotic for the treatment of multidrug-resistant Gram-positive bacterial infections, dosing and monitoring of vancomycin therapy have not been optimized. The current vancomycin therapeutic guidelines recommend empiric doses of 15-20 mg/kg administered by intermittent infusion every 8-12 h in patients with normal kidney function. Additionally, the guidelines recommend trough concentration of 15-20 mg/L as a therapeutic goal for adult patients with severe infections.

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This review critically discusses the current guidelines considering the basic pharmacokinetics and pharmacodynamics of vancomycin and the recent published reports from clinical studies. More in-depth discussion will be focused on (1) providing evidence of advantages of

administering vancomycin by continuous infusion compared to intermittent infusion; (2) revising the current practice of trough-only monitoring versus the area under concentration-time curve (AUC); and (3) assessing the current practice of weight-based dosing versus AUC-based dosing. Using the gathered information presented in this paper, two user-friendly and scientifically based dosing strategies are proposed to improve the efficiency of vancomycin dosing while avoiding the risk of nephrotoxicity and minimizing the cost of therapeutic drug monitoring.

Reference:

Elbarbry, F. (2017) Vancomycin Dosing and Monitoring: Critical Evaluation of the Current Practice. *European Journal of Drug Metabolism and Pharmacokinetics*. December 19th. .

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