SHC Vancomycin De-Escalation Guide

Appropriate Vancomycin Use:

1. Documented infection/culture positive with:
   a. MRSA/CoNS (MecA positive)
   b. Other gram-positive infection for which vancomycin is a drug of choice
      - E.g. enterococcus (non-respiratory tract) that is ampicillin-resistant and
        vancomycin-susceptible
      - E.g. streptococcus that is penicillin-resistant and cephalosporin-resistant

2. Documented infection/no site cultures available and:
   a. Severe skin or soft infection
   b. Osteoarticular infection
   c. Other serious deep infection (e.g. epidural abscess)

3. Severe beta-lactam allergy and documented gram-positive infection
   a. Severe allergy includes history of type I immediate hypersensitivity (e.g., urticaria, angioedema, anaphylaxis, bronchospasm)
   b. For a history of other serious reactions (Type II, III, or IV – e.g., hemolytic anemia, thrombocytopenia, serum sickness, erythema multiforme, SJS/TEN, DRESS, etc), avoid the specifically implicated drug, but others in the class may be used (except for cephalosporins with same R group side chain). Consider consulting Allergy & Immunology.

Discontinuation of vancomycin at 72 hours or earlier:

1. Cultures negative for organisms indicating need for vancomycin
   a. Pneumonia when respiratory culture not available and MRSA nares screen is negative
   b. Includes those with febrile neutropenia
   c. Exceptions – see #2 above

2. Culture positive with gram positive organism susceptible to beta-lactams
   a. MSSA/CoNS (MecA negative)
   b. Enterococcus that is ampicillin susceptible
      i. Respiratory culture positive with enterococcus is most commonly a colonizer and does not require treatment
   c. Streptococcus that is penicillin- susceptible or cephalosporin-susceptible

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Document Information

A. Original Author/Date: ASP/SASS team 9/2016
B. Gatekeeper: Antimicrobial Stewardship Program
C. Review and Renewal Requirement
   This document will be reviewed every three years and as required by change of law or practice
D. Revision/Review History: 04/2017, 05/2017
E. Approvals
   1. Antimicrobial Subcommittee 3/2017, 8/17/2017
   2. P&T 9/15/2017

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