MEDICATION MONITORING:
Pharmacist-Managed Intravenous (IV) Vancomycin Protocol

I. PURPOSE

To allow standardized pharmacist management of IV vancomycin in the inpatient setting using evidence-based guidelines and best practices.

II. POLICY

Upon physician request, SHC pharmacists will manage IV vancomycin therapy in accordance with evidence-based guidelines and best practice standards.
- Adjust vancomycin orders
- Order pertinent labs (e.g. vancomycin levels, SCr)
- Provide documentation via progress notes and Epic flowsheet

Protocol exclusions:
1. One-time dose
2. Anticipated duration < 2-3 days (e.g. surgical/peri-operative prophylaxis)
3. Pediatric patients (<18 years of age)

III. PROCEDURES

A. Physician/Ordering Provider Responsibility
1. Indicate that a patient is to receive vancomycin according to this protocol by entering an order for “Vancomycin per Protocol” and specifying the following:
   a. Initial indication: Prophylaxis, empiric, definitive
   b. Suspected infection type
   c. Anticipated duration of therapy
2. Continue to follow vancomycin levels and consult with pharmacist as needed
3. Notify the pharmacist of acute changes in patient’s status that may impact vancomycin dosing (e.g. changes in renal function, urine output).
4. Ordering providers may discontinue and/or reinitiate the protocol at any time.
   a. If the protocol is discontinued, the provider assumes responsibility for vancomycin therapy management

B. Pharmacist Responsibility
1. Upon receipt of a “Vancomycin per Protocol” order, review the patient’s chart to ensure the appropriate use of vancomycin.
   a. Clarify indication if not provided and/or not clear in medical chart
   b. Recommend alternative therapy if vancomycin use is inappropriate or contraindicated
2. Obtain relevant parameters for appropriate dosing [Refer to SHC Vancomycin Dosing Guide- Section A]
3. Enter necessary lab and medication orders for vancomycin therapy.
   a. Sign all orders as “Per Protocol without co-sign” with the ordering pharmacist’s name.
   b. Check SCr at baseline and as needed (at least every 3 days). Correlate vancomycin levels with SCr trends and monitor changes in renal function.
   c. For difficult sticks, refer to Nursing policy “Antibiotic Pre and Post Levels”
4. Dosing and Monitoring
   a. Pharmacist will follow the SHC Vancomycin Dosing Guide in conjunction with clinical discretion to optimize dosing and minimize toxicity.
5. Documentation
   a. Fill out pharmacy flowsheet PRN handoff updates and AUC results
b. Enter a daily Pharmacy Progress Note using the Pharmacy Monitoring note template ("vancomycin")

**DOCUMENT INFORMATION**

1. Original Author/Date
   Emily Mui, Pharm.D. BCPS: 08/2013

2. Gatekeeper
   Pharmacy Department

3. Distribution
   This procedure is kept in the Pharmacy Policies and Procedure Manual

4. Review/Revision History:
   Lina Meng, Pharm.D., BCPS, BCCCP: 06/2015, 08/2016, 10/2016, 4/2018
   Emily Mui, Pharm.D., BCPS: 08/2016, 4/2018
   Janjri Desai, Pharm.D., MBA, BCPS: 10/2015, 03/2016, 08/2016, 5/2018

5. Approvals
   Antibiotic Subcommittee: 08/2013, 5/2018
   Pharmacy and Therapeutics Committee: 11/2015, 03/2016, 9/2016, 6/2018

This document is intended only for the internal use of Stanford Health Care (SHC). It may not be copied or otherwise used, in whole, or in part, without the express written consent of SHC. Any external use of this document is on an AS IS basis, and SHC shall not be responsible for any external use. Direct inquiries to the Director of Pharmacy, Stanford Health Care, 650-723-5970.

Stanford Health Care
Stanford, CA 94305
REFERENCES


11. Winter, Michael E., Basic Clinical Pharmacokinetics, 5th ed, Lippincott Williams & Wilkins


Obesity references:


