STANFORD HOSPITAL & CLINICS
Stanford University Medical Center

Adult Vancomycin Loading Dose Guidelines for the ED

Why a loading dose? **A single loading dose of 25 – 30mg/kg* (based on actual body weight) can be used to facilitate rapid attainment of target trough serum vancomycin concentration.**

Indications
In seriously ill patients with infections such as: ➢ Sepsis/bacteremia ➢ Endocarditis ➢ Health-care associated pneumonia ➢ Community-acquired MRSA pneumonia ➢ Meningitis

Weight	Loading Dose*¥	Infusion Rate
25 – 35 kg	750 mg	60 min
36 – 45 kg	1,000 mg	60 min
46 – 55 kg	1,250 mg	90 min
56 – 65 kg	1,500 mg	90 min
66 – 75 kg	1,750 mg	120 min
≥ 76 kg	2,000 mg	120 min

¥Consider using a lower loading dose for renal insufficiency (renal replacement therapy/hemodialysis): 15 – 20mg/kg

Administration Guidelines:

- Dosing based on actual body weight (including obese patients)
- Max initial dose = 2,000 mg
- Standard Rate of Administration: 1,000 mg over 60 minutes
- For isolates with a vancomycin minimum inhibitory concentration (MIC) ≤2 µg/mL (eg, susceptible according to Clinical and Laboratory Standards Institute [CLSI] breakpoints), the patient's clinical response should determine the continued use of vancomycin, independent of the MIC (A-III).
- For isolates with a vancomycin MIC >2 µg/mL (eg, vancomycin-intermediate S. aureus [VISA] or vancomycin-resistant S. aureus [VRSA]), an alternative to vancomycin should be used (A-III).

SHC Department of Pharmacy May 2013

1. Rybak M, Lomaestro B, Rotschafer JC *et al.* Therapeutic monitoring of vancomycin in adult patients: a consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists. *Am. J. Health Syst. Pharm.* 66(1), 82–98 (2009).
2. Liu C et al. Clinical Practice Guidelines by the Infectious Disease Society of America for the Treatment of Methicillin-Resistant Staphyloccus Aureus Infections in Adults and Children. Clin Infect Dis. 2011 Aug 1;53(3):319.