

# MY TOP 5 TAKES ON

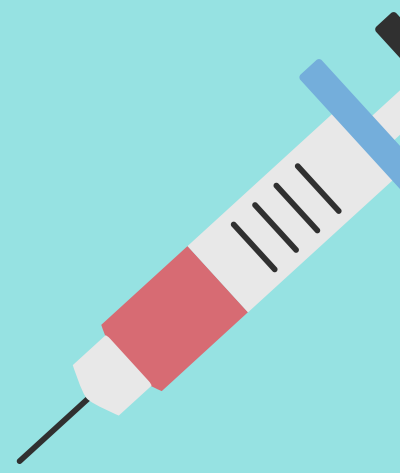
A Paper: The dosing and monitoring of vancomycin – what is the best way forward?



## THE TARGET VANC LEVEL

**AUC > 400 (< 700)**

over 24 hours. Anything above 700 may increase AKI risk in patients substantially. These are based on in-vitro, animal and human data.



## TROUGH 15-20 - WHY NOT?

**AUC > 400 will be achieved yes BUT**

The upper limit of the AUC<sub>24H</sub> will be variable with trough based TDM method and can even be in excess of 700 so much so that targeting trough levels > 15 is a risk for AKI!!!



## WHICH MIC METHOD?

**Broth Microdilution (BMD)**

This is in relation to MRSA and VANC use against it. And a value of 1 mg/L (MIC) is the BEST. But, we should NOT be rigid on this. If patient improves on AUC<sub>24</sub> = 400; continue.



## LOADING DOSE

**Best used in critically ill patients**

As they are at risk for increased V<sub>d</sub>. Obese patients would need higher LD dose BUT the dose is not proportional to the total body weight. **DO NOT OVERLOAD** your obese patients.



## HOW TO CALCULATE?

**2 popular methods.**

With one of them being the easiest; **log linear model** calculation. Head to this to know more; **HERE**

MORE AT [HTTPS://WWW.NCBI.NLM.NIH.GOV/PUBMED/30599240](https://www.ncbi.nlm.nih.gov/pubmed/30599240)

