**Vancomycin Dosage Guidelines for Dialysis and End Stage Renal Disease**  
**Patients Only**

**Target concentrations**  
Vancomycin “trough” range is 5 – 15 mg/L. Maintain serum Vancomycin levels above 5mg/L in order to maintain bactericidal activity. Levels of Vancomycin should be allowed to less than 15mg/L before a further dose is given.

**Initial Dose**  
Give a stat dose of 1000mg Vancomycin in 250mL NaCl 0.9% over 120 minutes.

**Further dosing**  
In patients on dialysis or with end stage renal disease, Vancomycin levels are used as a guide to determine when the next dose is to be given. After the initial dose wait for levels to be reported before prescribing Vancomycin, until an appropriate regime has been established for the patient.

**Sampling**  
Vancomycin levels taken during dialysis are not accurate. If it is necessary to measure Vancomycin levels on a day when the patient is having dialysis, check the levels at least one hour post dialysis.

Check the patient’s Vancomycin level 24 hours after the initial dose. Wait for the levels to be reported; if the level is below 15mg/L, give a further dose of 1000mg Vancomycin. Recheck the Vancomycin level after a further 24 hours i.e. 48 hours after the initial dose to guide further dosing and sampling.

**Other Information**  
Vancomycin is poorly cleared by dialysis. However as a precautionary measure, if a patient is due a dose of Vancomycin on a day that they are having dialysis, give the dose of Vancomycin after dialysis.

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ALL samples must be marked with the exact time taken and sent to PHLS in a MUSTARD (clotted samples) bottle using a PHLS (blue) form.