Saskatchewan Health Authority

Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

SITE: _____

DEPARTMENT OF PHARMACY SERVICES

VANCOMYCIN MONITORING FLOW SHEET – ADULT

[KEY: MIC – Minimum inhibitory concentration Conc. – Concentration**]**

INITIAL APPLICABLE BOXES

Infection: _____ Sex: _____ Age: _____ years

Height: _____ cm Weight: _____ kg IBW: _____ kg

Other (Example: allergies, dialysis, pregnant, relevant history):

Antimicrobials	Start	Stop

Cultures and Sensitivities:

Date (mm-dd-yyyy)	Source	Organism (including MIC for staph)	Sensitivities

Other Investigations (e.g., chest x-ray, CT, ultrasound, MRI):

Date (mm-dd-yyyy)	Test	Result

Vancomycin loading dose: _____ mg IV given at _____ h Vancomycin target trough: ❑ 10-20 mg/L ❑ 15-20 mg/L

Initial vancomycin dose: _____ mg IV q _____ h Start date: _____ Proposed stop/reassess date: _____

Patient Monitoring:

Date (mm-dd-yyyy)										
Day of Treatment										
Tmax										
Weight										
WBC/Differential										
SCr/Urea										
CrCl (estimated)										

Parameters	**Consult #**		**Consult #**		**Consult #**	
Date (mm-dd-yyyy)						
Day of Therapy						
Current Dose/Interval	Vancomycin _____ g IV q___h		Vancomycin _____ g IV q___h		Vancomycin _____ g IV q___h	
Steady State						
Dosing Time						
Trough Conc. Monitoring	**Time**	**Conc.**	**Time**	**Conc.**	**Time**	**Conc.**
Trough Conc. Result						
Recommended Dose/Interval						
Comments						
Pharmacist						

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Date (mm-dd-yyyy)	**Pharmacist**	**Notes and Action Items**