

VANCOMYCIN

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Drug action

The glycopeptide antibiotic vancomycin has bactericidal activity against aerobic and anaerobic Gram-positive bacteria including multi-resistant staphylococci. However, there are reports of *Staphylococcus aureus* with reduced susceptibility to glycopeptides. There are increasing reports of glycopeptide-resistant enterococci. Penetration into cerebrospinal fluid is poor.

Indications and dose

***Clostridioides difficile* infection [first episode]**

By mouth

For Adult

125 mg every 6 hours for 10 days; increased if necessary to 500 mg every 6 hours for 10 days, increased dose if severe or complicated infection.

***Clostridioides difficile* infection [multiple recurrences]**

By mouth

For Adult

125 mg every 6 hours for 10 days, followed by, either tapering the dose (gradually reducing until 125 mg daily) or a pulse regimen (125–500 mg every 2–3 days for at least 3 weeks).

**Moderate diabetic foot infection,
Severe diabetic foot infection,
Leg ulcer infection**



By intravenous infusion

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For Adult

15–20mg/kg every 8–12hours (max. per dose 2g) adjusted according to plasma-concentration monitoring.

Cellulitis, Erysipelas

By intravenous infusion

For Adult

15–20mg/kg every 8–12hours (max. per dose 2g) adjusted according to plasma-concentration monitoring.

Complicated skin and soft tissue infections, Bone infections, Joint infections, Community-acquired pneumonia, Hospital-acquired pneumonia, including ventilator-associated pneumonia, Infective endocarditis, Acute bacterial meningitis, Bacteraemia [occurring in association with or suspected to be associated with the licensed indications]

By intravenous infusion

For Adult

15–20mg/kg every 8–12hours (max. per dose 2g) adjusted according to plasma-concentration monitoring, duration should be tailored to type and severity of infection and the individual clinical response—consult product literature for further information, in seriously ill patients, a loading dose of 25–30mg/kg (usual max. 2g) can be used to facilitate rapid attainment of the target trough serum-vancomycin concentration.

Perioperative prophylaxis of bacterial endocarditis [in patients at high risk of developing bacterial endocarditis when undergoing major surgical procedures]

By intravenous infusion

For Adult

15 mg/kg, to be given prior to induction of anaesthesia, a second dose may be required depending on duration of surgery.

Surgical prophylaxis (when high risk of MRSA)

By intravenous infusion

For Adult

1g for 1 dose.

