# Empiric Vancomycin Dosing in Pediatrics – Are we Giving Enough?

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### Background

- Vancomycin is commonly used in the pediatric population.
- Increasing resistance patterns are leading to higher trough recommendations.
- The Infectious Disease Society of America (IDSA) recommends:
- Uncomplicated infections should target trough serum concentrations of 10-20 mg/L.
  - A target of 5-15 mg/L is still used in clinical practice.
- Complicated infections (bacteremia, endocarditis, meningitis, osteomyelitis and pneumonia) should target trough serum concentrations of 15-20 mg/L.
- Empiric dosing of 40-60 mg/kg/day divided every 6 to 8 hours has provided subtherapeutic levels both anecdotally at our institution as well as within the literature.
- Our study aims to determine the suitability of the empiric vancomycin regimen and what percent of empiric dosing provides concentrations within IDSA target trough ranges.

### Objectives

- Determine the percentage of patients within FHA with appropriate serum trough levels after initial empiric dosing.
- If appropriate, suggest changes to empiric vancomycin dosing.
- Determine the proportion of patients requiring a trough of 15-20 mg/L (complicated infections).
- Determine the average number of vancomycin levels required to be drawn.
- Determine the need to transfer to higher level of care, add-on antimicrobial therapy and length of stay between patients for different trough ranges.

## Methods

- Retrospective chart review
- Within Fraser Health (RCH, ARH, and SMH).
- Between May 1<sup>st</sup> 2004 and May 31<sup>st</sup> 2012.
- Inclusion: Patients who received IV vancomycin with at least one trough concentration taken.
- Exclusion: Neonates (postmenstrual age less than 45 weeks) and patients over the age of 16 years.
- Statistical analysis using descriptive statistics.

#### Results

Characteristic (n=226) Mean age (yrs)		<b>Mean ± SD (range)</b> 6.1 ± 4.9 (0.13-15.7)	
Mean weight (kg)		27.2 ± 20.7 (4.4-110.0)	
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		No. (%)	
Male		132 (58.4)	
Mean weight (kg)  Male  Type of infection  Concomitant Drugs  Culture results	Complicated 137 (60.6)	Bacteremia	18 (8.0)
		Endocarditis	2 (0.9)
		Meningitis	40 (17.7)
		Osteomyelitis	18 (8.0)
		Pneumonia	59 (26.1)
	Other 89 (39.4)	Skin	82 (36.3)
		Other	7 (3.1)
Concomitant Drugs	Ibuprofen PRN	76 (33.6)	
	Acyclovir	17 (7.5)	
	Chemo	5 (2.2)	
	Gentamicin	4 (1.8)	
	Ibuprofem	3 (1.3)	
	Rifampin	1 (0.4)	
Culture results	MRSA	43 (19.0)	
	MSSA	22 (9.7)	
	S. coag neg	11 (4.9)	
	S. pneumo	9 (4.0)	
	Other	22 (9.7)	
	Negative	109 (48.2)	
	No cultures	10 (4.4)	

**Table 1: Patient Characteristics** 

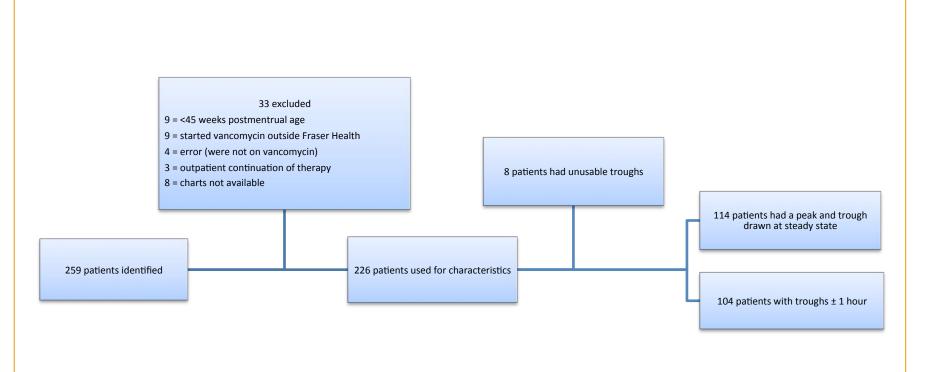


Figure 1: Patient Inclusion Flowchart

Variable (n=114)	Mean ± SD (range)	
Mean Trough	6.9 ± 3.1 (1.8-18.3)	
Mean Peak	32.7 ± 13.0 (12.6-76.7)	
Mean Vd	$0.65 \pm 0.36  (0.19 - 2.1)$	
Mean T1/2	3.1 ± 1.1 (1.1-7.9)	

**Table 3: Pharmacokinetic Results** 

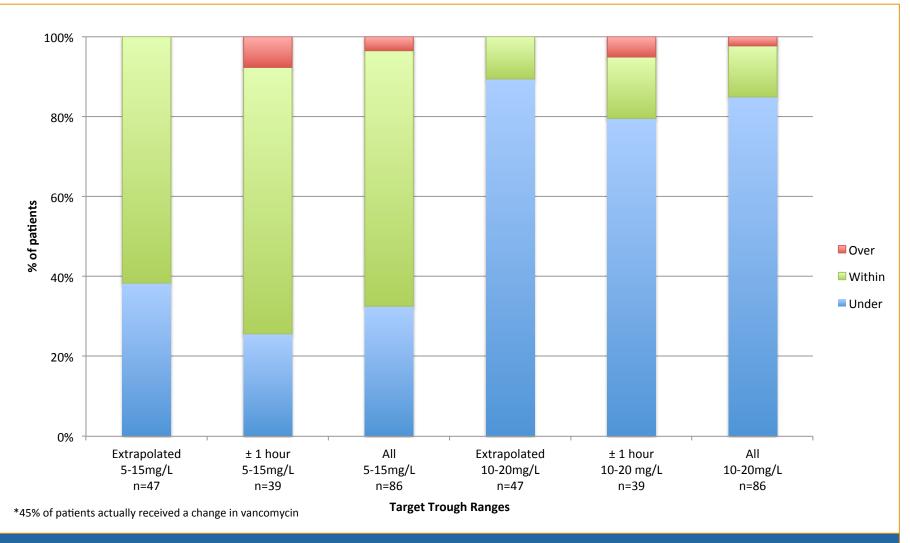
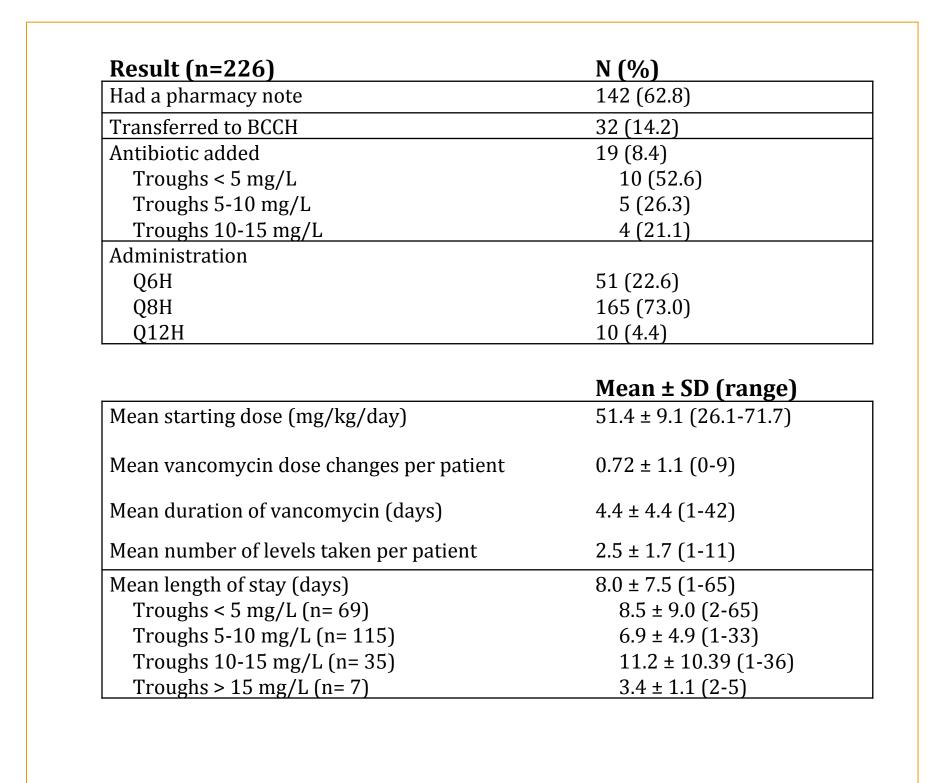


Figure 3: Patients Within Target (Uncomplicated)



**Table 2: Patient Results** 

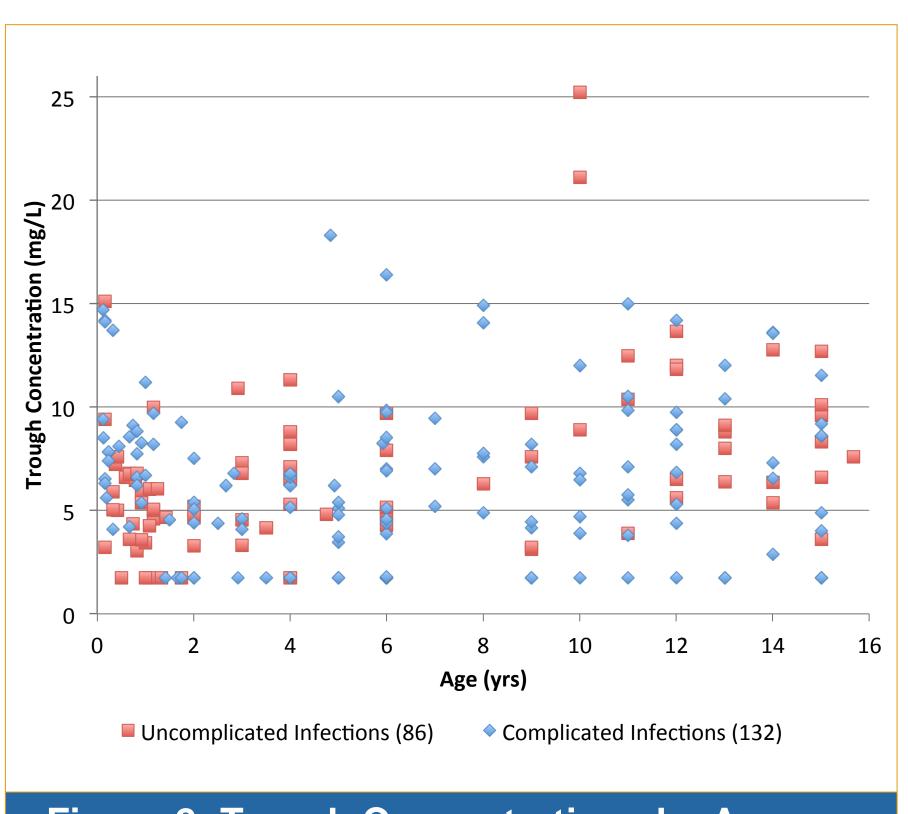
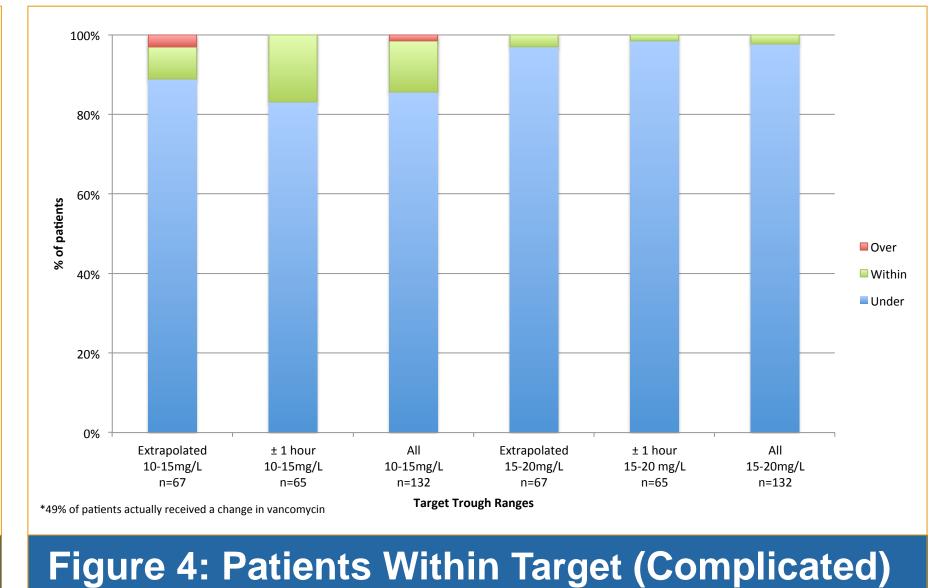


Figure 2: Trough Concentrations by Age



Proposed Regimen

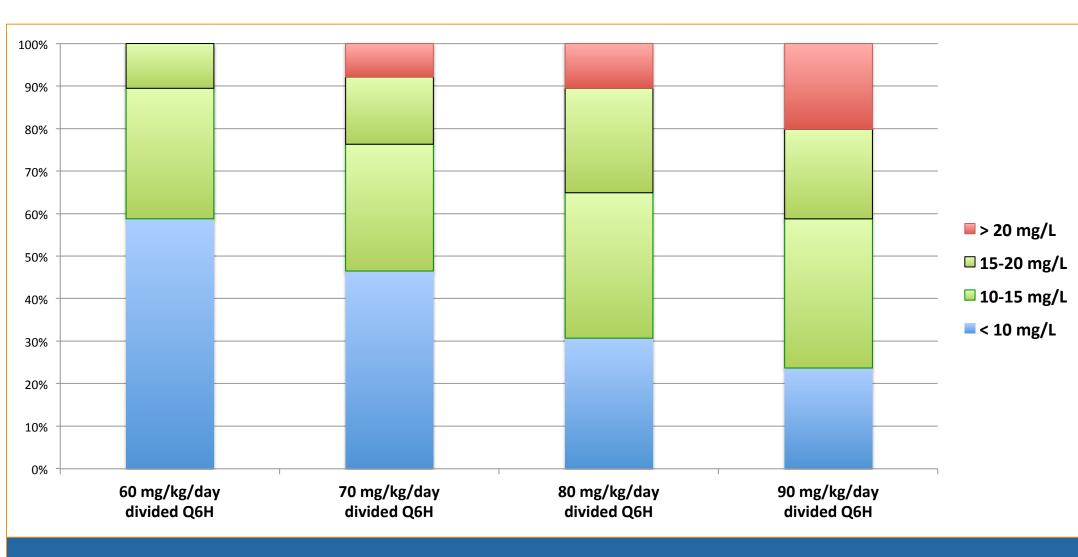
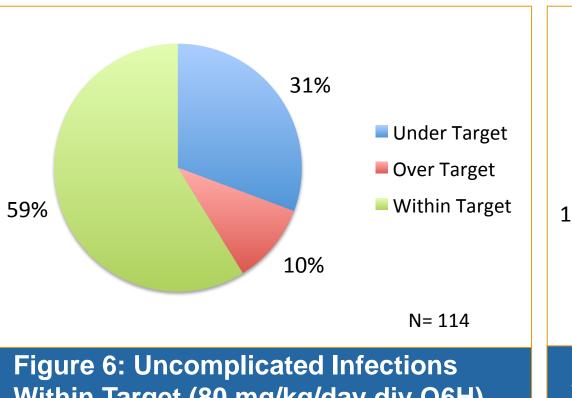


Figure 5: Possible Regimens: Anticipated Troughs



25%

Over Target

Within Target

65%

N= 114

Figure 7: Complicated Infections

Figure 6: Uncomplicated Infections
Within Target (80 mg/kg/day div Q6H)

Figure 7: Complicated Infections
Within Target (80 mg/kg/day div Q6H)

#### Limitations

- Retrospective.
- Actual administration time can be within 30 minutes of documented time.
- Limited number of patients with peak and trough levels drawn at steady state.

#### Conclusions

- Empiric dosing within Fraser Health is providing subtherapeutic levels.
  - Uncomplicated infections (39% of infections)
  - 13% within target of 10-20 mg/L
  - Complicated infections (61% of infections)
  - 2% within target of 15-20 mg/L
- Suggest changing empiric vancomycin regimen to 80 mg/kg/day divided Q6H.
  - 59% will be within target for uncomplicated infections
  - 25% will be within target for complicated infections
- Follow prospectively to determine success of proposed regimen.









