

**Recommended dosing regimens of Vancomycin,
produced by Kraspharma OJSC, in patients with normal renal function**

Indication	Daily dose regimen	Way of administration	Duration of treatment
Bacterial meningitis (post-operative or post-traumatic) Ventriculitis (including external ventricular drainage (EVD)-related ventriculitis)	Adults: 0.5-0.75 g every 6 hours	IV	14 days
	+ meropenem 2 g every 8 hours	IV	
	Neonates 7–28 days old: vancomycin 15 mg/kg as first loading dose, then 12 mg/kg every 8 hours	IV	
	+ ceftazidime 30 mg/kg every 8 hours	IV	
Children from 1 mon. to 12 yrs old :	15 mg/kg every 6 hours	IV	
	+ ceftazidime 50 mg/kg every 8 hours	IV	
Severe community-acquired pneumonia (including influenza-associated pneumonia (flu-p)) – treatment in ICU ²	Adults: 1 g every 12 hours	IV	7-10 days
	+ levofloxacin 500 mg every 12 hours	IV	
Infectious endocarditis of native valves (empiric therapy)	Adults and children: 15 mg/kg every 12 hours	IV	4 weeks
	+ gentamicin 1 mg/kg every 8 hours	IV	2 weeks
Infectious endocarditis of prosthetic valves (empiric therapy, including in patients with beta-lactam allergy)	Adults: 15 mg/kg every 12 hours	IV	6 weeks
	+ gentamicin 1 mg/kg every 8 hours	IV	2 weeks
	+ rifampicin 600 mg every 24 hours	orally	6 weeks
			6 weeks

	Children: 15 mg/kg every 12 hours + gentamicin 1 mg/kg every 8 hours + rifampicin (children > 3 years old) 10 mg/kg every 24 hours	IV IV orally	2 weeks 6 weeks
Gram-positive sepsis (including in patients with beta-lactam allergy)	Adults: 0.5 g every 6 hours or 1 g every 12 hours Children: 15 mg/kg every 6 hours	IV	10-14 days
Vertebral osteomyelitis in adults (> 21 years old) sternal osteomyelitis (post-operative)	0.5 g every 6 hours <i>or</i> 1 g every 12 hours	IV	14-21 days
Postoperative osteomyelitis (osteosynthesis associated bone infection) Periprosthetic joint infections	Adults: 0.5 g every 6 hours or 1 g every 12 hours + ceftazidime 2 g every 8 hours Children: 15 mg/kg every 6 hours + ceftazidime 100-150 mg/kg/day in 3 injections	IV IV or IM IV IV or IM	14-21 days
Pseudomembranous colitis	125 mg every 6 hours	orally	10-14 days
Keratitis in diabetic patients and/or immunocompromised patients	Eye drops ³ : 50 mg/ml – 1 drop hourly during 24-72 hours, then intervals between	Instillations	7-14 days

Keratitis in patients with “dry eye syndrome” (keratitis sicca)	instillations gradually increase + ceftazidime 50 mg/ml – 1 drop hourly during 24-72 hours, then intervals between instillations gradually increase	
Endophthalmitis	1 mg in 0.1 ml of solvent – 1 or 2 injections with a 2-3 day interval + Ceftazidime 2.25 mg in 0.1 ml of solvent – 1 or 2 injections with a 2-3 day interval (<i>each drug is diluted and injected in separate syringe</i>)	Intravitreally ³
Perioperative antibiotic prophylaxis (including in patients with beta-lactam allergy)	Adults: 1 g 60-90 min. prior to surgery Children: 10-15 mg/kg 60-90 min. prior to surgery	IV

¹ MR – methicillin-resistant (thus, resistant to all beta-lactams); MRSA - Methicillin-resistant *Staphylococcus aureus*

² ICU – Intensive Care Unit

³**Rules for preparation of solutions of Vancomycin for ophthalmological practice:**

1. Intravitreal injection (stage by stage)

A. To the vial with 500 mg of vancomycin powder add 10 ml of 0.9% sodium chloride solution; vancomycin concentration in this solution is about 50 mg/ml

B. Take 2 ml (about 10 mg of vancomycin) of the solution obtained at the first stage in a syringe and dilute with 8 ml of 0.9% sodium chloride solution; vancomycin concentration in this solution is about 10 mg/ml

C. Take 0.1 ml of the solution obtained at the previous stage in an insulin syringe

D. Inject 0.1 ml of the solution (about 1 mg of vancomycin) intravitreally

2. Eye drops (50 mg/ml, 25 mg/ml, 15 mg/ml)

A. To the vial with 500 mg of vancomycin powder add 10 ml of “tear substitute” or 0.9% sodium chloride solution; vancomycin concentration in this solution is about 50 mg/ml; instillation in the affected eye with a 1 hour interval.

B. To the vial with 500 mg of vancomycin powder add 20 ml of “tear substitute” or 0.9% sodium chloride solution; vancomycin concentration in this solution is about 25 mg/ml; instillation in the affected eye with a 1 hour interval.

C. To the vial with 500 mg of vancomycin powder add 33 ml of “tear substitute” or 0.9% sodium chloride solution; vancomycin concentration in this solution is about 15 mg/ml; instillation in the affected eye with a 1 hour interval.