RECOMMENDATIONS FOR PRUDENT VANCOMYCIN USE

(From: “Recommendations for Preventing the Spread of Vancomycin Resistance,”
   HICPAC, Centers for Disease Control and Prevention, 1995.)

SITUATIONS IN WHICH THE USE OF VANCOMYCIN IS APPROPRIATE OR ACCEPTABLE:

♦ Treatment of serious infections due to beta-lactam-resistant gram-positive microorganisms.
♦ Treatment of infections due to gram-positive microorganisms in patients with serious allergy to beta-lactam antimicrobials.
♦ Treatment of severe and potentially life-threatening antibiotic-associated colitis (AAC); or treatment of AAC that fails to respond to metronidazole therapy.
♦ Prophylaxis, as recommended by the American Heart Association, for endocarditis following certain procedures in patients at high risk for endocarditis.
♦ Prophylaxis for major surgical procedures involving implantation of prosthetic materials or devices, e.g., cardiac and vascular procedures and total hip replacement, at institutions with a high rate of infections due to methicillin-resistant Staphylococcus aureus (MRSA) or methicillin-resistant Staphylococcus epidermidis (MRSE). A single dose administered immediately before surgery is sufficient unless the procedure lasts more than 6 hours, in which case the dose should be repeated. Prophylaxis should be discontinued after a maximum of two doses.

SITUATIONS IN WHICH THE USE OF VANCOMYCIN SHOULD BE DISCOURAGED:

• Routine surgical prophylaxis other than in a patient with life-threatening allergy to beta-lactam antibiotics.
• Empiric antimicrobial therapy for a febrile neutropenic patient, unless there is strong evidence at the outset that the patient has an infection due to gram-positive microorganisms (e.g., inflamed exit site of Hickman catheter), and the prevalence of infections due to MRSA in the hospital is substantial.
• Treatment in response to a single blood culture positive for coagulase-negative staphylococcus, if other blood cultures drawn in the same time frame are negative (i.e., if contamination of blood cultures is likely).
• Continued empiric use for presumed infections in patients whose cultures are negative for beta-lactam-resistant gram-positive microorganisms.
• Systemic or local (e.g., antibiotic lock) prophylaxis for infection or colonization of indwelling central or peripheral intravascular catheters.
• Selective decontamination of the digestive tract.
• Eradication of MRSA colonization.
• Primary treatment of Antibiotic Associated Colitis.
• Routine prophylaxis for very low-birth-weight infants.
• Routine prophylaxis for patients on continuous ambulatory peritoneal dialysis or hemodialysis.
• Treatment (chosen for dosing convenience) of infections due to beta-lactam-sensitive gram-positive microorganisms in patients with renal failure.
• Use of vancomycin solution for topical application or irrigation.