

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.