Intravenous injection instead of orally.

Vancomycin powder is made into a solution for infusion. Vancomycin is usually given by intravenous injection for the treatment of the following serious infections:

- Infections of the skin and its surrounding tissues
- Infections of the muscle
- Nekrotizing fasciitis
- Abscesses
- Endocarditis
- Infections caused by bacteria that cause meningitis

**Possible side effects**

- 6 Percent of the other and other information

1. WHAT VANCOMYCIN IS AND WHAT IT IS USED FOR

Vancomycin is a medicine belonging to the group of antibiotics. It is of the "glycopeptides" group. Vancomycin works by eliminating certain bacteria that cause infection. This medicine is used to treat bacterial infections not responsive to other antibiotics. This medicine is indicated for the treatment of the following serious infections:

- Endocarditis
- Infections caused by bacteria that cause meningitis

Vancomycin is used for treatment of infections in adults and children aged from 1 month to less than 12 years of age.

**Dosage**

- The dosage will be calculated according to body weight. The usual infusion dose is 1000 mg or 15 mg/kg if the patient weighs more than 15 kg. When determining appropriateness of use in a patient weighing less than 15 kg, the dosage should be calculated according to body weight or body surface area. Do not exceed 2 g per dose.

- You are receiving vancomycin for a long time (you may need to have your blood, kidney and liver tested during treatment).

**Special precautions**

- You have kidney disorder (you will need to have hearing tests to look for signs of possible side effects. See section 4.6 of the SmPC).

- Elderly

- Children

- Teenagers aged from 12 years and older

- Pregnant women

- Breast-feeding women

- People with liver disorder

- People with heart disorder

- People with kidney disorder

- People with hearing disorder, especially if you are elderly

- People with diabetes

- People who are taking other medicines

- People who have had an organ transplant

- Children aged from one month to less than 12 years of age:

- The dosage will be calculated according to body weight. The usual infusion dose is 1000 mg or 15 mg/kg if the patient weighs more than 15 kg. When determining appropriateness of use in a patient weighing less than 15 kg, the dosage should be calculated according to body weight or body surface area. Do not exceed 2 g per dose.

**Time intervals**

- The interval between doses should be 8 to 12 hours. The interval between doses depends on the number of doses per day. The interval between doses may vary from 8 to 12 hours.

**Duration of treatment**

- Suggested treatment duration is shown in Table 1 below. The duration of treatment depends on the type and severity of infections and on the indication.

- Infants and children aged from one month to less than 12 years of age:

- The recommended doses are 10 to 15 mg/kg body weight every 6 hours (or 15 mg/kg). The interval between doses is 12 hours.

**Vaccines**

- Furnishings, do not make any new medicines without consulting your doctor or pharmacist.

**Warning and precautions**

- You have hearing disorder (you may need to have hearing tests to look for signs of possible side effects. See section 4.6 of the SmPC).

- You have kidney disorder (you will need to have hearing tests to look for signs of possible side effects. See section 4.6 of the SmPC).

- You are receiving vancomycin for a long time (you may need to have your blood, kidney and liver tested during treatment).

- Your doctor will decide, if vancomycin is clearly needed or if you must stop treatment.

**Monitoring**

- Your doctor or pharmacist will check your progress at regular visits.

**Advice to patients**

- You must not take any other medicines without telling your doctor or pharmacist.

**When to stop**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Side effects**

- You have kidney disorder (you will need to have hearing tests to look for signs of possible side effects. See section 4.6 of the SmPC).

- You are receiving vancomycin for a long time (you may need to have your blood, kidney and liver tested during treatment).

**Drug interaction**

- The appropriate timing and amount of subsequent doses largely depends on the urgency of treatment and the type of infection. This medicine should be given during pregnancy only if clearly needed.

**Pregnancy and breast-feeding**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Depends on the indication**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Dosage regimens**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Notes**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**References**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Clinical studies**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Other information**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Adverse reactions**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Duration of treatment**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.

**Notes**

- You have severe diarrhoea during or after using vancomycin, if you develop severe diarrhoea or you use vancomycin for a long time.
In patients on intermittent haemodialysis, vancomycin levels should be usually measured at the end of the first post-dialysis period, or at least once weekly in stable patients showing a treatment response. In patients requiring continuous haemodialysis, vancomycin levels should be measured before and immediately before and after haemodialysis. Levels of 20-40 mg/l are considered to be within the therapeutic range. Levels of 40-100 mg/l are considered to be in the highly toxic range. Levels above 100 mg/l are considered to be of high risk of toxicity.

In patients with normal renal function, the serum concentration of vancomycin should be measured at least once weekly in stable patients showing a treatment response. In patients showing signs and symptoms suggestive of potential vancomycin toxicity, levels should be measured more frequently.

The concentration of vancomycin in Solution for infusion should not exceed 5 mg/ml. It is recommended to adequately flush the intravenous line before and after administration of the vancomycin solution.

In some cases, patients in whom a stable, high serum concentration of vancomycin is required, may be considered for the treatment of serious infections due to methicillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE). The probability of a successful outcome of treatment is greater in patients with normal renal function. However, patients with reduced renal function may still benefit from treatment with vancomycin. In such patients, the dose and frequency of administration should be adjusted to the level of vancomycin in the serum. The initial dose should be 2-4 mg/kg body weight per day and the frequency of administration should be no less than 24 hours. The dose should not be exceeded without medical supervision. The dose should be reduced in patients with impaired renal function. The maximum dose should not exceed 2 mg/kg body weight per dose and should be administered no less than 48 hours. The maximum duration of treatment should not exceed 10 days.

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