

BACKGROUND

Vancomycin is a time-dependant antibiotic usually active on Gram-positive bacteria. An early identification and a monitoring of vancomycin blood-concentrations must be made. Actually, there is no specific guidelines for pediatric population.

OBJECTIVE

Assessment of vancomycin prescriptions and blood-concentration monitoring in a pediatric hospital to propose local recommendations of good practices

METHODS

Retrospective analysis of computerized vancomycin prescriptions (> 2 days) , from January to December 2016

Demographic data

Additional medical data :

Prescriptions-related parameters :

Blood-concentration monitoring

- ✓ renal function
- ✓ bacteria identification

- ✓ therapeutic indications
- ✓ dosage
- ✓ administration mode

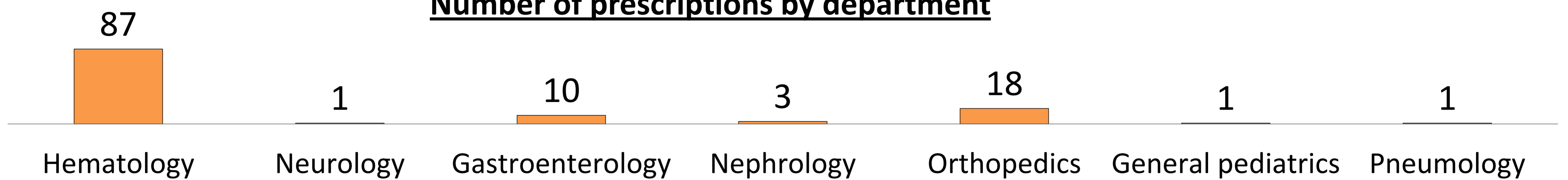
RESULTS

DEMOGRAPHIC DATA

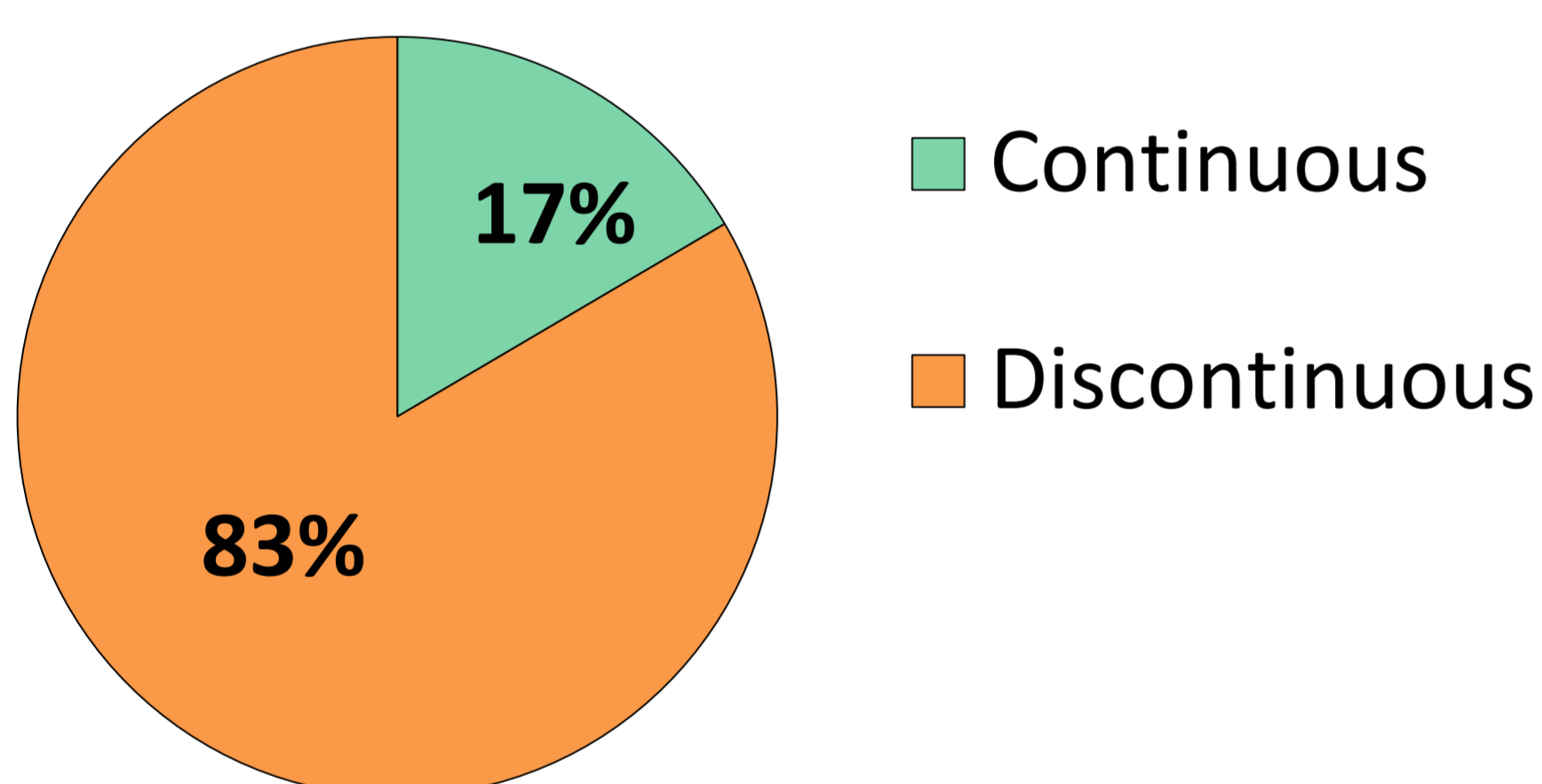
121 prescriptions - 87 patients

Average age: 8.9 (0,1-18,8) - 51,7% boys vs 48,3% girls

Number of prescriptions by department

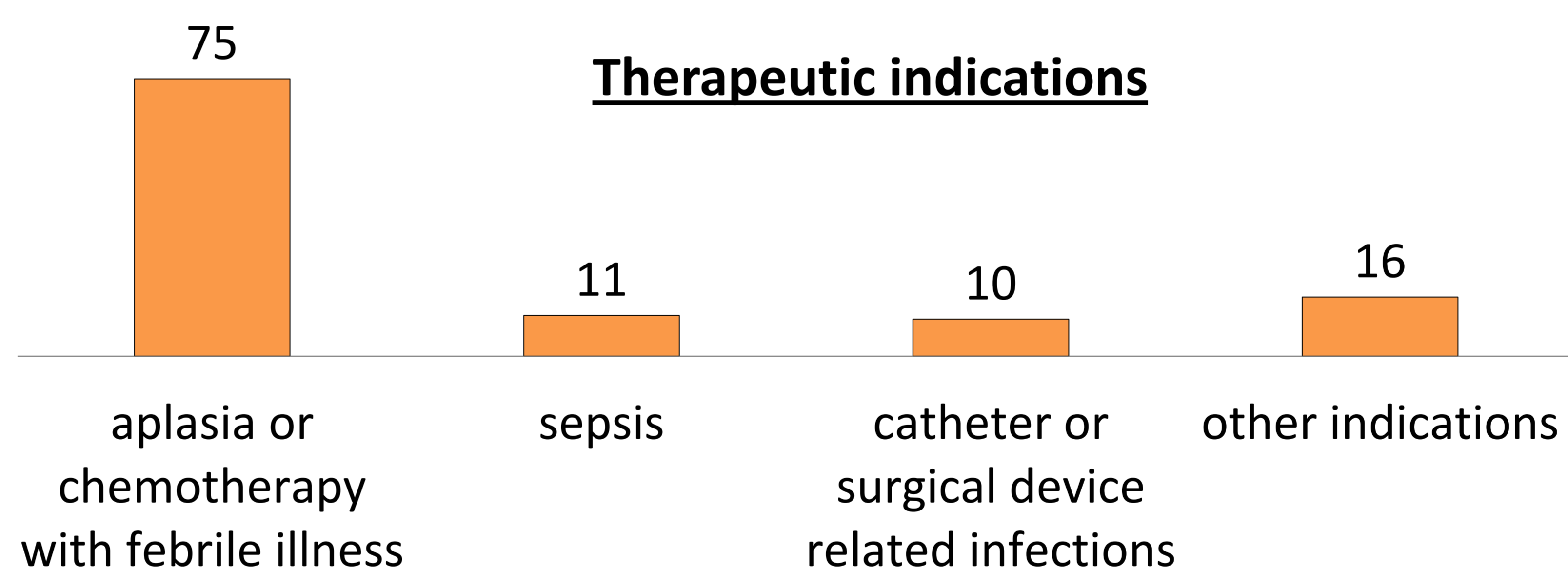


Administration mode



Mean dose : 43mg/kg/day

Therapeutic indications



PRESCRIPTION-RELATED PARAMETERS

VANCOMYCIN BLOOD-CONCENTRATIONS MONITORING

77 monitoring requested



66/77 (85,7%) out of target values



38/66 (57,6%) reassessed
(dose adjustment or prescriptions stopped)

ADDITIONAL MEDICAL DATAS

Bacteria identification

Negative culture results for 52.1% prescriptions
No identification requested for 5% of the prescriptions

Renal function

No Glomerular Filtration Rate (GFR) for 5.8% of prescriptions
GFR > normal values for 6.6% → all prescriptions were stopped

CONCLUSION

The lack of vancomycin blood-concentrations follow-up, dose adjustments and the prescription heterogeneousness justify the establishment of local recommendations of good practices

This work will lead to discuss new recommendations for vancomycin use with the infectious diseases team