Vancomycin

Synonyms	
Clinical Indication	Pre-dose monitoring is sufficient and post dose level is NOT required in most clinical cases. Blood should be collected: a) Pre-dose: immediately prior to the drug being given b) Post-dose: 2 hours after completion of infusion Ensure trough sample is collected within 2 hours prior to the next dose. Do not withhold next dose unless patient has renal impairment or previous level was high.
Part of Profile / See Also	
Request Form	Combined Pathology manual request form or ICE request. Ensure details of the date/time last dose are provided.
Availability / Frequency of Analysis	On request.
Turnaround Time	Performed on the same day within 2 hours of receipt in the laboratory.
Patient Preparation	Dosage should be 12 hourly.
Sample Requirements	
Specimen Type	Serum and plasma
Volume	2 ml
Acceptable Containers	 Yellow top (SST) tube  Green top (lithium-heparin) tube  paediatric orange top (lithium-heparin)  paediatric green top (lithium-heparin) Plain serum samples may also be used.

Reference Range & Units	10.0-15.0mg/L for mild-moderate infections. 15-20mg/L for severe, deep seated infections. (Except for ITU patients on continuous infusion – please refer to ITU protocol) The suggested ranges are for guidance only, these may vary with disease process and the infecting organism, please refer to the appropriate trust protocol
Interferences	
Interpretation & Clinical Decision Value (if applicable)	
References	Beckman kit insert.
Test code	VANC
Lab Handling	Analysed from primary tube and stored at 4°C. Serum and plasma stable for 7 days at 2-8°C.