



Intravenous antibiotic therapy using vancomycin

information for patients

INTRODUCTION

You are returning home after being admitted to a nursing unit, but you still need intravenous antibiotics at home to treat a bacterial infection.

You will be treated using vancomycin. During your stay at the hospital, your doctor, the nurse or the hospital pharmacist has already given you verbal information about your antibiotic treatment. This brochure provides a practical overview of your antibiotic treatment using vancomycin. It contains specific information about your therapy, about the administration of the medicine and the possible side effects, as well as some advice, including on when to contact your doctor (or GP) or (home) nurse.

The continuation of your intravenous antibiotic therapy in a home setting falls under the OPAT care programme. **OPAT is an abbreviation of 'Outpatient Parenteral Antimicrobial Therapy'.** In other words, this relates to the parenteral administration of antimicrobial medicine without the patient needing to be admitted to hospital. 'Parenteral' means that the administration of the medicine does not happen through the gastrointestinal system (by swallowing a tablet, for example), but elsewhere in the body, such as through injection or an intravenous drip.

If you have any remaining questions after reading this brochure, please do not hesitate to let us know. The doctor, hospital pharmacist and nurses are happy to provide more detail.

WHAT IS VANCOMYCIN?

Vancomycin is an antibiotic used to treat bacterial infections. It disturbs the formation of the cell wall in bacteria, making it **bactericidal**.

WHAT DOSAGE WILL YOU RECEIVE?

The dosage varies greatly depending on the patient; it needs to be adjusted individually based on 'therapeutic drug monitoring' (TDM). This means that you will regularly have blood samples taken at the hospital to check the concentration of the antibiotic in your blood.

It is also important to adjust the dosage to the kidney function of individual patients. Patients with reduced kidney function, require a lower dosage.

In other words, the dosage is determined based on the patient's kidney function and the vancomycin concentration observed in the patient's blood.

HOW IS VANCOMYCIN ADMINISTERED?

Vancomycin is administered through a **continuous infusion, with each administration lasting 24 hours**.

The duration of therapy depends on the type of infection and how long you received antibiotic therapy in hospital.

The medicine is administered via an **elastomeric pump (Infusor®**, see [image](#)).

The Infusor® is a small, portable bottle that allows you to carry on with your normal daily activities as much as possible during your treatment.

More information about the administration of medicine using an elastomeric pump can be found in the 'Infusor®' brochure.



WHERE WILL THIS THERAPY BE ADMINISTERED?

Your therapy will start during your stay at the hospital, and will be continued at home under the **OPAT** care programme.

Your home nurse will prepare the Infusor® with the antibiotic therapy at your home and connect it to your catheter every day.

The antibiotic and the equipment required to prepare and administer the antibiotic will be made available by the hospital pharmacy when you are discharged from the hospital. More detailed information about the preparation of the continuous infusion can be found in the preparation procedure enclosed.

HOW WILL THE THERAPY BE MONITORED?

You will be required to visit the outpatient clinic regularly to monitor your therapy, for blood tests and a clinical examination.

We check your blood for the following:

- ✗ To optimise the dose of vancomycin (for safety and effectiveness), your blood samples will be checked to determine:
 - the concentration of vancomycin
 - your kidney function

The dose may need to be adjusted depending on the concentration of vancomycin measured in your blood and your kidney function.

- ✗ Your blood inflammation levels
- ✗ The number of blood cells and platelets in your blood, vancomycin treatment can have an impact on these. It is unlikely that you will notice of these effects, but your doctor can monitor them by taking blood samples.

HOW TO STORE VANCOMYCIN

Unopened vials of vancomycin must be stored in a cool and dry place at a temperature below 25 °C, in a safe place and out of the reach of children.

The medicine must always be prepared immediately before its administration. If the medicine is not administered immediately, the solution must be stored in the fridge (2-8 °C) for no more than 24 hours.

POSSIBLE SIDE EFFECTS

Some people experience severe side effects, while others experience none at all. The occurrence of side effects has no bearing whatsoever on the effectiveness of your treatment. Please do not hesitate to contact your doctor (or GP) or (home) nurse if you have any questions or are not sure about anything.

The following side effects may occur:

- ✓ Temporary kidney toxicity
- ✓ Temporary or permanent ear toxicity: symptoms such as tinnitus, dizziness and/or hearing loss may occur.
- ✓ 'Red man syndrome': redness of the skin and itching of the face, the neck and the upper body if the medicine is infused too quickly.
- ✓ Diarrhoea
- ✓ Vein inflammation (red, painful, swollen skin around your veins) as a result of the intravenous administration

OTHER MEDICATION

- Please inform your doctor and pharmacist at the hospital of any other medicines you take (both prescribed by your GP and on your own initiative).
- Contact your GP to let them know which antibiotic therapy you are receiving to treat your infection.

ADVICE

- ✗ To prevent vancomycin causing any toxicity, it is extremely important that regular checks take place to monitor the vancomycin concentration in your blood.
- ✗ If you have been diagnosed with hypersensitivity to certain antibiotics, please inform your hospital doctor. Vancomycin must not be used in patients with known hypersensitivity to vancomycin.
- ✗ If you notice any hypersensitivity reactions such as a skin rash (across your entire body), itchiness, a tight chest, low blood pressure, fever or shivering, or swelling of your lips, tongue or throat, notify your GP immediately.
- ✗ If you suffer from persistent or severe diarrhoea, even after stopping your therapy, notify your GP immediately.
- ✗ Please check your body temperature on a regular basis, preferably at the same time every day and ideally in the evenings.

WHEN AND WHO TO CONTACT

- ✓ **Please report to the emergency unit:**
 - if you suffer from rigours (with a fever over 38 °C).
- ✓ **Please contact your GP:**
 - if you experience the following symptoms: chills, headache, sore throat, stomach cramps or a burning feeling when urinating. Never take medicines on your own initiative if you suspect that you have an infection.

- if you suffer a reaction to the antibiotic itself: signs of an allergic reaction, severe diarrhoea, skin rash, hearing problems or bleeding.
- ✓ Please contact the home nurse:
- if you have any problems with the catheter: painful veins, redness, swelling, a hot feeling and/or pain around the catheter.

USEFUL CONTACT NUMBERS

- ✓ OPAT coach at the hospitalisation unit (if applicable):
 - Telephone: ask the OPAT coach at your hospitalisation unit which number they can be reached on during working days.
- ✓ OPAT manager at the hospital:
 - Telephone: +32 16 34 32 74
(available between 08:30 and 16:30 on working days)
 - E-mail: OPAT@uzleuven.be. Your question will be answered as soon as possible, but it may take up to 48 hours to get back to you. Our inbox is not monitored during the weekend.

This brochure is also available on
www.uzleuven.be/en/brochure/700853.

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Responsible publisher: UZ Leuven
UZ Leuven
Herestraat 49
3000 Leuven
tel. +32 16 33 22 11
www.uzleuven.be

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