

Vancomycin Example

Prospective Case

A 65 Y.O. male with a Sr.Cr. of 1.4 mg/dl develops a cellulitis. The patient has a measured CrCl of 52.0 ml/min. The Gram stain shows a Gram + cocci. The physician suspects *Staph. aureus* and wants to start vancomycin. The patient is 5' 4" and weights 86 Kg. What would be the appropriate dose to use?

Answer: Population PK data for vancomycin estimates the elimination rate constant and half-life [Note when you have a measured CrCl don't use a population estimate, use the measured value. Also, prospectively C_0 is the target peak concentration (Eq. 2)]:

$$k_e = \frac{44 + (8.3 \cdot CrCl)}{10000} = 0.0476 \text{ Hr}^{-1} \quad \text{Eq. 1}$$

$$t_{1/2} = \frac{\ln 2}{k_e} = 14.6 \text{ Hr} \quad \text{Eq. 3}$$

Estimate the volume of distribution:

$$V_{ss} = V_d \text{ factor} \cdot ActWT \quad V_{ss} = 0.7L / Kg \cdot 86 \text{ Kg} = 60.2 \text{ L} \quad \text{Eq. 4}$$

Estimate Tau (the 5th equation in the Sawchuk-Zaske list):

$$\tau = \frac{\ln(C_{\max/\text{desired}}/C_{\min/\text{desired}})}{k_e} + t_{\text{inf}} = \frac{\ln(36/15)}{0.0476 \text{ Hr}^{-1}} + 1.5 \text{ Hr} = 19.9 \text{ Hr} \quad \text{Eq. 5}$$

Select a practical Tau (e.g. Q4H, Q6H, Q8H, Q12H or Q24H) based on this estimate. Here Q24H.

Using the practical interval, estimate the new dose (the 6th equation in the Sawchuk-Zaske list):

$$\begin{aligned} R_0 &= C_{\max,\text{desired}} \cdot V_{ss} \cdot k_e \left[\frac{1 - e^{-k_e \tau}}{1 - e^{-k_e t_{\text{inf}}}} \right] \quad \text{Eq. 6} \\ &= 36 \text{ mg} / \text{L} \cdot 60.2 \text{ L} \cdot 0.0476 \text{ Hr}^{-1} \left[\frac{1 - e^{-0.0476 \text{ Hr}^{-1} \cdot 24 \text{ Hr}}}{1 - e^{-0.0476 \text{ Hr}^{-1} \cdot 1.5 \text{ Hr}}} \right] = 1019.4 \text{ mg} / \text{Hr} \\ \text{Dose} &= R_0 \cdot t_{\text{inf}} = 1019.4 \text{ mg} / \text{Hr} \cdot 1.5 \text{ Hr} = 1529 \text{ mg} \end{aligned}$$

Make a practical recommendation (Vancomycin is usually dose in 250 mg increments):

1500 mg Q24H

Verify that this will give you desirable steady state peak and trough concentrations:

$$C_{ss,pk} = \frac{R_0}{V_{ss} \cdot k_e} \cdot \frac{(1 - e^{-k_e t_{\text{inf}}})}{(1 - e^{-k_e \tau})} \quad \text{Eq. 7}$$

$$C_{ss,pk} = \frac{1500 \text{ mg} / 2 \text{ Hr.}}{60.2 \text{ L} \cdot 0.0476 \text{ Hr}^{-1}} \cdot \frac{(1 - e^{-0.0476 \cdot 2})}{(1 - e^{-0.0476 \cdot 24})} = 34.9 \text{ mg} / \text{L}$$

$$C_{ss,tr} = C_{ss,pk} \cdot e^{-k_e(\tau - t_{\text{inf}})} = 34.9 \text{ mg} / \text{L} \cdot e^{-0.0476(24-2)} = 12.25 \text{ mg} / \text{L} \quad \text{Eq. 8}$$

Vancomycin Example

Retrospective Case

TW is a 5' 6" 68 Kg. 19 Y.O. female burn victim has been on vancomycin 1 Gm Q12H for 5 days. Levels are done and come back with a Pk/Tr = 17/4.1 mg/dl. The skin grafts still show signs of cellulitis and the physician wants to increase the dose. What would you recommend? (The Pk was 60 minutes after a 90 minute infusion.)

Calculate the elimination rate constant:

$$k_e = \frac{\ln\left(\frac{C_{pk}}{C_{tr}}\right)}{t_{tr} - t_{pk}} = \frac{\ln\left(\frac{17}{4.1}\right)}{12 - 2.5} = \frac{\ln\left(\frac{17}{4.1}\right)}{9.5 \text{ Hr}} = 0.15 \text{ Hr}^{-1} \quad \text{Eq. 1}$$

(In terms of the dosing interval the infusion was started at $t = 0$, it stopped at 1.5 hr, and the pk was measured at 2.5 hr and the trough (extrapolated) was at 12 hours, therefore $t_2 - t_1$ is $12 - 2.5 = 9.5$. This is where most errors in calculations are made.)

$$t_{1/2} = \frac{\ln 2}{k_e} = 4.6 \text{ Hr} \quad \text{Eq. 3}$$

Calculate the maximum concentration:

$$C_0 = \frac{C_{pk}}{e^{-k_e(t_{pk} - t_{inf})}} = \frac{17 \text{ mg/L}}{e^{-0.15 \text{ Hr}^{-1}(2.5 \text{ Hr} - 1.5 \text{ Hr})}} = 19.75 \text{ mg/L} \quad \text{Eq. 2}$$

Calculate the volume of distribution:

$$V_{ss} = \frac{R_0}{k_e} \cdot \frac{1 - e^{-k_e t_{inf}}}{(C_0 - C_{tr} \cdot e^{-k_e t_{inf}})} \quad \text{Eq. 4}$$

$$= \frac{1000 \text{ mg} / 1.5 \text{ Hr}}{0.15 \text{ Hr}^{-1}} \cdot \frac{1 - e^{-0.15 \text{ Hr}^{-1} \cdot 1.5 \text{ Hr}}}{(19.75 \text{ mg/L} - 4.1 \text{ mg/L} \cdot e^{-0.15 \text{ Hr}^{-1} \cdot 1.5 \text{ Hr}})} = 54.4 \text{ L}$$

Using C_0 , k_e and V_{ss} estimate a dosing interval, a dose and predict the steady state peak and trough using a practical regimen using Eq 7, Eq. 8, Eq 9, Eq. 10 and Eq. 11.

$$\tau = \frac{\ln(36/15)}{0.15 \text{ Hr}^{-1}} + 1.5 \text{ Hr} = 7.34 \text{ Hr} \approx 8 \text{ Hr} \quad \text{Eq. 5}$$

$$R_0 = 36 \text{ mg/L} \cdot 54.4 \text{ L} \cdot 0.15 \text{ Hr}^{-1} \left[\frac{1 - e^{-0.15 \text{ Hr}^{-1} \cdot 8 \text{ Hr}}}{1 - e^{-0.15 \text{ Hr}^{-1} \cdot 1.5 \text{ Hr}}} \right] = 1018.8 \text{ mg/Hr} \quad \text{Eq. 6}$$

$$\text{Dose} = 1018.8 \text{ mg/Hr} \cdot 1.5 \text{ Hr} = 1528 \text{ mg} \approx 1500 \text{ mg}$$

Make a practical recommendation and then verify:

1500 mg Q8H

$$C_{ss, pk} = \frac{1500 \text{ mg} / 2 \text{ Hr}}{54.4 \text{ L} \cdot 0.15 \text{ Hr}^{-1}} \cdot \frac{(1 - e^{-0.15 \cdot 2})}{(1 - e^{-0.15 \cdot 8})} = 34.1 \text{ mg/L} \quad \text{Eq. 7}$$

$$C_{ss, tr} = 35.3 \text{ mg/L} \cdot e^{-0.15(8-2)} = 13.9 \text{ mg/L} \quad \text{Eq. 8}$$

(Note: for that dose adjust the infusion to 2 Hr)