**THERAPEUTIC CONCENTRATIONS OF VANCOMYCIN ARE NOT MAINTAINED IN CRITICALLY ILL PATIENTS TRANSITIONING TO WARD THERAPY**

**Introduction:**

There is increasing evidence to support the use of vancomycin via continuous infusion in critically ill patients. To facilitate transfer between continuous infusion and intermittent therapy, a local protocol was developed and audited.

**Objectives:**

To identify the aspects of transfer of care that impact upon the therapeutic transfer of patients receiving continuous vancomycin and identify potential areas for improvement.

**Methods:**

This study was conducted in an adult tertiary intensive care unit. Data was collected prospectively and retrospectively across a 15 month period and included all patients transferred to the ward on intravenous vancomycin therapy. Audit criteria for ideal ward transfer was defined as:

1. First intermittent dose given immediately following cessation of continuous infusion
2. Dosage conversion consistent with the hospital protocol
3. Collection of the first serum trough vancomycin concentration sample within 48 hours of ward transfer
4. Initial ward trough serum vancomycin concentration of 15-20mg/L.

**Results:**

31 patients with complete data were assessed. Only 6 of the 31 (19%) patients received an immediate dose of vancomycin on cessation of their infusion, with dosage converted appropriately in 16 patients (52%). The majority of patients (25/31, 81%) had their first vancomycin level taken within 48 hours of transfer. Trough levels were taken in all but 5 patients (83%) with 17 initial levels (55%) assessed as therapeutic. Considering the four points for ideal transfer, all 4 criteria were met in 0 cases, 3 criteria in 11 cases, 2 criteria in 15 cases, 1 criterion in 3 cases, and none of the criteria in 5 cases.

**Conclusion(s):**

These results indicate significant room for improvement in the therapeutic transfer of patients receiving continuous vancomycin therapy.