NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Teicoplanin Inpatient Guidelines for Adults >= 16 years

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Teicoplanin Inpatient Guidelines for Adults ≥ 16 years

Vancomycin is NHS GGC's glycopeptide of choice. Please see NHS GGC's empirical Infection Management Guidelines for vancomycin information and dosage instructions.

Teicoplanin should only be prescribed on advice from an infection specialist or according to agreed local infection management guidelines. Teicoplanin has bacteriostatic activity against most Gram positive organisms including *Staphylococcus aureus* and *Staphylococcus epidermidis*. Indications may include:

- Complicated skin and soft tissue infection requiring intravenous antibiotics
- Bone and joint infection
- Line/ vascular access device infection
- Endocarditis

STEP 1:

Loading dose

IV 12 mg/kg (use actual body weight, max 800mg) **every 12 hours for 4 doses**

STEP 2:

Maintenance dose

- Start the maintenance dose 24, 48 or 72 hours after the last loading dose depending on dosage interval below:

Creatinine Clearance (CrCl)	Teicoplanin dose (use actual body weight)
> 80 ml/min	IV 12 mg/kg (max 1000 mg) every 24 hours
30 – 80 ml/min	IV 6 mg/kg (max 1000 mg) every 24 hours OR IV 12 mg/kg (max 1000 mg) every 48 hours
< 30 ml/min	IV 4 mg/kg (max 1000 mg) every 24 hours OR IV 12 mg/kg (max 1000 mg) every 72 hours
Renal replacement therapy	Discuss with Renal Pharmacy Team

- Do not use eGFR. Calculate creatinine clearance using the NHS GGC Creatinine Clearance Calculator on StaffNet or the NHS GGC Adult Therapeutics Handbook app.
- Round each dose to the nearest 100 mg.
- Administer as an IV infusion over 60 minutes (see Adult IV Drug Monograph for full details).

STEP 3:

Teicoplanin levels and monitoring guidance

- Take 1st teicoplanin trough sample at least 72 hours after the last loading dose then ONCE WEEKLY thereafter.
- Teicoplanin samples are sent to Bristol for analysis therefore may take 3 – 5 working days to be reported on clinical portal (under biochemistry).
- **Recommended teicoplanin trough (pre-dose) concentration range:**
  - **Skin and soft tissue infection or Line/ vascular access device infection 15 – 30 mg/L**
  - **Bone and joint infection 20 – 40 mg/L**
  - **Endocarditis 30 – 40 mg/L**
- Continue with the same teicoplanin dosing until the result is available unless creatinine is unstable (e.g. a change of > 15 – 20 %). Seek ongoing dosage advice from pharmacy.
- Seek advice from pharmacy if the reported trough concentration is out with the recommended target concentration range above.

Approved by NHSGGC Antimicrobial Utilisation Committee; Feb 2022. Expires Feb 2025