Indications:
- Oncology and Haematology neutropenic sepsis as per local guidance
- Endocarditis or other deep seated infections on recommendation of ID/OHPAT teams only

NOTE: this guidance does not apply to:
- bone and joint infection patients where a separate three times a week protocol is used – available here
- skin & soft tissue infections or pneumonia where teicoplanin is not recommended locally for these indications and a lower dosing regimen is used

STEP 1: LOADING dose and MAINTENANCE dose based on weight and renal function

- Teicoplanin dose is based on actual body weight
- Calculate CrCl (do not use eGFR) – if > 80ml/min see table below
- Use Actual Body Weight (ABW) to calculate CrCl

<table>
<thead>
<tr>
<th>ACTUAL WEIGHT</th>
<th>LOADING dose</th>
<th>MAINTENANCE dose (started 12 hours after last loading dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;45kg</td>
<td>400mg every 12 hours for 4 doses</td>
<td>400mg ONCE daily</td>
</tr>
<tr>
<td>45-60kg</td>
<td>600mg every 12 hours for 4 doses</td>
<td>600mg ONCE daily</td>
</tr>
<tr>
<td>61-79kg</td>
<td>800mg every 12 hours for 4 doses</td>
<td>800mg ONCE daily</td>
</tr>
<tr>
<td>80-95kg</td>
<td>1000mg every 12 hours for 4 doses</td>
<td>1000mg ONCE daily</td>
</tr>
<tr>
<td>96-120kg</td>
<td>1200mg every 12 hours for 4 doses</td>
<td>1200mg ONCE daily</td>
</tr>
<tr>
<td>121-140kg</td>
<td>1400mg every 12 hours for 4 doses</td>
<td>1400mg ONCE daily</td>
</tr>
<tr>
<td>&gt;140kg</td>
<td>Discuss with pharmacist</td>
<td></td>
</tr>
</tbody>
</table>

- Renal impairment
  - From day 5 if:
    - CrCl 30-80ml/min – give half of usual maintenance dose (or give maintenance dose every 2nd day)
    - CrCl <30ml/min – give one third of maintenance dose (or give maintenance dose every 3rd day)
    - Dialysis patients – discuss with pharmacist

STEP 2: ADMINISTRATION/ADVERSE REACTIONS

- Administer by IV bolus over 3-5 minutes or infuse over 30 minutes
- Administration related reactions can be limited by giving via infusion
- Common adverse effects include: rash and pain at injection site
- Uncommon adverse effects include: nausea, vomiting, GI disturbances, dizziness, headache, ototoxicity, blood dyscrasias including thrombocytopenia, neutropenia, deranged LFTs and raise creatinine
STEP 3: MONITORING

- **FBC/U&Es/LFTs**
  - Baseline then twice weekly for first week (more frequently if acutely unwell)
  - Weekly thereafter

- **Teicoplanin levels**
  - NOT required for treatment courses ≤ 7 days
  - Required for deep seated or complex infections including endocarditis or a patient who is not responding to treatment
  - Pre dose level taken pre 6th dose (avoid weekend sampling if possible)
  - Sample is sent to Bristol lab and may take 3-5 working days to be reported
    - After level is taken, give subsequent doses while awaiting reported result
  - After each dose change - repeat pre dose level after further 5-7 days treatment
  - Patients with therapeutic levels and stable renal function – monitor levels weekly

STEP 4: INTERPRETATION of TEICOPLANIN levels and dose adjustment

- Recommended range for predose levels
  - Endocarditis = 30-50mg/L
  - All other indications = 20-50mg/L

- If out with range adjust dose as per table below:

<table>
<thead>
<tr>
<th>Pre Dose Level</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20mg/L</td>
<td>Increase maintenance dose by up to 50% (round to nearest 100mg) and/or discuss with pharmacist</td>
</tr>
<tr>
<td>20-50mg/L</td>
<td>Endocarditis: increase dose by 25% (round to nearest 100mg) and or discuss with pharmacist if level &lt;30mg/L Other infections: continue on current dose</td>
</tr>
<tr>
<td>&gt;50mg/L</td>
<td>Discuss with pharmacist – dose reduction (or increase dosage interval) especially if thrombocytopenia, decreasing renal function or other adverse effects</td>
</tr>
</tbody>
</table>

- If significant deterioration or improvement in renal function discuss further dosing and monitoring with pharmacist