**SUPPLEMENTARY**

**Supplement 1: Local guideline for vancomycin treatment protocol during post-intervention period.**

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| **Vancomycin dosage and therapeutic drug monitoring protocol** | | | | |
| **Dosage** | | | | |
| **Loading dosea** | **Maintenance dose** | | **CrCl (mL/min)** | **Interval** |
| 20-30 mg/kg  (Actual BW,  not exceed 3 g) | Then | 15-20 mg/kg | > 50 | Q 8-12 hr |
| 30-50 | Q 24 hr |
| < 30 | 1 dose then TDM |
| **aLoading dose** is recommended for critically ill patients with suspected or documented serious MRSA infections. | | | | |
| **Infusion time** | | | | |
| **Vancomycin dose (mg)** | | | **Infusion time (hour)** | |
| 500 | | | 1 | |
| 750 | | | 1.5 | |
| 1000 | | | 2 | |
| 1250 | | | 2 | |
| 1500 | | | 2.5 | |
| 2000 | | | 3 | |
| **Therapeutic drug monitoring (TDM)b** | | | | |
| **bTDM** is recommended for patients with serious MRSA infections, patients at high risk for nephrotoxicity, unstable renal function, and those receiving prolonged coursed of therapy (more than 3 – 5 days). | | | | |
| **AUC/MIC-guided TDM** | | | | |
| Collection of 2 concentrations during the same dosing interval   * **Cpeak**: at 1 hour after the completion of vancomycin dose * **Ctrough**: at 30 minutes prior to next vancomycin dose | | | | |
| Total daily dose not exceed 4 gm/day.  Keep AUC/MICBMD 400 – 600 for MRSA infections. **The dosage should be adjusted if AUC/MIC < 400 or > 600 mg/L, or Ctrough < 10 or > 20)** | | | | |

Abbreviations: BW, body weight; CrCl, creatinine clearance; Cpeak, peak concentration; Ctrough, trough concentration, MRSA, methicillin-resistant *Staphylococcus aureus*; AUC, area under the curve; MIC, minimal inhibitory concentration; BMD, broth microdilution.