

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- See **monitoring** requirements
- **Reserve antimicrobial**: Restricted for indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases
- **Second line to vancomycin** for most indications, except surgical prophylaxis
- See under 'Dose' for adjustments required in **renal** impairment
- **Unlicensed** for surgical antibiotic prophylaxis

## Available preparations

Targocid 400mg vial

Targocid 200mg vial

Teicoplanin 400mg vial (Noridem)

## Reconstitution

**Water for injection** (provided in box)

- Slowly add entire contents of ampoule (Water for injection) provided to vial of teicoplanin (200mg or 400mg vial)
- **Gently roll the vial** between the hands until the powder is completely dissolved (**avoiding the formation of foam**)
- If the solution does become foamy **allow it to stand for 15 minutes** to allow the foam to subside
- A full dose of 200mg or 400mg will be obtained if 3mL is withdrawn (there is a calculated excess in each vial)

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

**Can use either method of administration for doses up to 800mg- choice depends on practicalities such as time available, fluid status of patient etc.**

**Slow intravenous injection (preferred route for surgical prophylaxis for doses up to and including 800mg)**<sup>(ref 1)</sup>

- Give over 3 to 5 minutes

**Intermittent intravenous infusion (must be used for all doses greater than 800mg)**

- Add required dose to 100mL infusion fluid and administer over 30 minutes

- A 50mL infusion may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

## Dose in adults

### Moderate infections

- **Loading dose:** 6mg/kg (rounded to 400mg for an average 70kg patient) every twelve hours for three doses
- **Maintenance dose:** 6mg/kg (rounded to 400mg for an average 70kg patient) once daily thereafter

### Severe infections e.g. joint and bone infection, septicaemia and endocarditis

- **Loading dose:** 12mg per kg (rounded to 800mg for an average 70kg patient) **every twelve hours for 3 to 5 doses**
- **Maintenance dose:** 12mg per kg (rounded to 800mg for an average 70kg patient) once daily thereafter

### Surgical prophylaxis <sup>(ref 1)</sup>

- See [GUH antimicrobial guidelines](#) (usually 10mg/kg (rounded to 800mg for an average 70kg patient) stat, repeated according to indication)
- For patients requiring specific surgical prophylaxis against MRSA, teicoplanin is recommended in preference to vancomycin as it can be given as a slow intravenous injection

Renal impairment dose adjustments		
eGFR (mL/min/1.73m <sup>2</sup> )	Dose	Frequency
<b>Give usual dose on days 1 to 4, then reduce dose</b> as indicated below		
<b>30 to 80</b>	Usual dose	Every 48 hours
<b>less than 30</b>	Usual dose	Every 72 hours
<b>Renal replacement therapy</b>	Consult pharmacy or specialist literature sources	

## Monitoring

- **Levels are not routinely recommended** and should only be considered after consultation with microbiology or ID
- Examples where levels may prove useful include: severe sepsis or burns, deep seated staphylococcal infection, endocarditis, renal impairment, elderly patients, intravenous drug abusers
- Monitor **FBC, LFTs, renal** function during treatment
- Monitor renal function, and perform auditory tests when:
  - high doses are used
  - used in conjunction with other nephrotoxic agents
  - renal impairment is present

Teicoplanin levels (ref 2)		Recheck levels after
<b>Skin and soft tissue infection</b>	Pre dose 15 to 30mg/L, but less than 60mg/L	6 to 8 days
<b>Bone and joint infection</b>	Pre dose 20 to 40mg/L, but less than 60mg/L	
<b>Infective endocarditis</b>	Pre dose 30 to 40mg/L, but less than 60mg/L	
<b>OPAT on 25mg/kg 3xper week</b>	Pre dose 20 to 30mg/L	

## Further information

- Administer with caution to patients known to be hypersensitive to vancomycin as cross-sensitivity may occur. A history of **Vancomycin infusion reaction** <sup>(ref 3)</sup> with vancomycin is not a contraindication to teicoplanin

## Storage

- Store below 25<sup>0</sup>C

## References

Targocid 400mg SPC December 2021

1: [Antimicrobial guidelines \(adults\) for GUH](#)

2: [Bristol Centre for Antimicrobial research and evaluation](#)

3: UpToDate: [correct terminology](#) for describing infusion related reactions

## Therapeutic classification

Glycopeptide antibiotic