

Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service



ADULT MEDICATION GUIDELINE					
Teicoplanin					
Scope (Staff):	All WNHS Staff				
Scope (Area):	Obstetrics and Gynaecology				
This document should be read in conjunction with the Disclaimer .					

Quick Links		_							
Dose	Administration	Monitoring	Pregnancy and Breastfeeding						
Restrictions									
Formulary: Highly Restricted									
HIGH RISK Medication									
Medication Class									
Glycopeptides									
Presentation									
Vial: 400mg supplied with water for injections as diluent									
Storage									
Store at room temperature, below 25°C									
Dose									
Severe infections Route: IV									
6-12mg/kg (or 400-800mg) every 12 hours for 3 doses, then 6mg/kg (or 400mg) once daily.									
Renal Impairment									
Route: IV									
CrCl 40-60mL/minute: usual dose for first 3 days, then usual dose every 2 days (or half usual dose									

once daily)

CrCl <40mL/minute: usual doses for first 3 days, then usual dose every 3 days

To avoid underdosing, consider using the fixed doses for patients <70kg, and the weight-based doses for those >70kg.

Administration

Refer to the Australian Injectable Drugs Handbook

Monitoring

Measure trough concentration when treating serious infections: optimum efficacy is achieved when the total (bound and unbound) teicoplanin trough concentration exceeds 15mg/L. A higher plasma concentration is required in patients with serious, deep-seated infections; increase the dose if the concentration falls below 20mg/L.

Toxicity does not usually occur at a trough concentration less than 50mg/L.

Teicoplanin has a longer half-life than vancomycin, so requires less frequent monitoring.

Take 1st teicoplanin trough sample at least 72 hours after the last loading dose then ONCE WEEKLY thereafter

Monitor renal function and complete blood count at least once per week

Consider monitoring hearing during long courses

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Consider alternative

3rd Trimester: Consider alternative

No reports of human use in pregnancy. If medication of choice, it should not be withheld in pregnancy.

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use.

For more information, please contact KEMH Obstetric Medicines Information Service.

Related Policies, Procedures & Guidelines

Antimicrobial Stewardship (AMS) policy

References

Australian Medicines Handbook. Teicoplanin. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2021 [cited 2021 Feb 17]. Available from: https://amhonline.amh.net.au/

Therapeutic Guidelines. Monitoring antimicrobial blood concentrations. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2017 [cited 2022 Feb 17]. Available from: https://tgldcdp-tg-org-au.kelibresources.health.wa.gov.au/etgAccess

The Royal Women's Hospital. Teicoplanin. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2021 [cited 2022 Feb 17]. Available from: <u>https://thewomenspbmg.org.au/</u>

MIMS Australia. Teicoplanin (Targocid®). In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2021 [cited 2022 Feb 17]. Available from: https://www.mimsonline.com.au

Guidelines for use of teicoplanin. NHS Foundation Trust.

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NSQHS Standards Applicable:	Std 1: Clinical Governance			Std 5: Comprehensive Care			
	Std 2: Partnering with Consumers			Std 6: Communicating for Safety			
	Std 3: Preventing and Controlling Healthcare Associated Infection			Std 7: Blood Management			
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration			
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