

Teicoplanin Three Times per Week Guideline for Adults ≥16 years

This guideline is intended for patients who are under the care of Hospital at Home or OPAT patients who are being treated with teicoplanin for skin and soft tissue infections (SSTIs). The guideline is not for acute hospital inpatients unless they are due to be transferred to Hospital at Home or further treatment is planned as an outpatient.

Using this guideline for any other indication must be approved by a Microbiologist.

1. Calculate and prescribe the loading dose that is to be given **once daily for three consecutive days**, using the table below. The loading dose is based on creatinine clearance (CrCl) calculated via [MDCalc](#) (age, height, weight and serum creatinine required) and weight (use Ideal Body Weight (IBW) or Actual Body Weight (ABW), whichever is lower). IBW will be given alongside CrCl via MDCalc above.

A range for creatinine clearance may be given. If the range straddles 60ml/min, then individual patient factors and clinical judgement should be used to determine which value should be used for dose selection, seek pharmacy advice if required.

Teicoplanin Loading Dose	Weight (IBW or ABW, whichever is lower)		
	40 – 59kg	60 – 79kg	>80kg
CrCl <60 ml/min	1000mg	1200mg	1400mg
CrCl ≥60 ml/min	1200mg	1400mg	1600mg

2. Calculate the maintenance dose and prescribe three times weekly using the table below. Doses may be administered Mon/Wed/Fri or Tue/Thu/Sat as per patient's convenience. The maintenance dose may be started 24-72 hours after the last loading dose depending on the next chosen scheduled day.

- Recalculate the CrCl using the most recent serum creatinine level. Use MDCalc as above (do not use eGFR). **Do not use the CrCl calculated for the loading dose as it may not reflect current renal clearance.**

Teicoplanin Maintenance Dose	Creatinine Clearance (ml/min)							
	<25	25-40	41-54	55-74	75-89	90-104	105-120	>120
Target Trough 20 – 30 mg/L	400mg	600mg	800mg	1000mg	1200mg	1400mg	1600mg	1800mg

3. Monitoring

- Teicoplanin levels are not required for treatment **<10 days** unless advised by Microbiologist.
- Monitor U&Es three times a week during the first week, then weekly. If renal function is unstable monitor U&Es more frequently. Monitor LFTs and FBC weekly.
- Seek advice if renal function deteriorates.

3. Monitoring continued

- If renal function improves during the course, adjust the dose according to the new CrCl in the table above.
- If treatment is to continue for **> 10 days** weekly monitoring of teicoplanin levels is required:
 - Ensure the patient has received at least 1 week of maintenance dose before a level is taken.
 - Take a 72 hour trough level **immediately prior to the dose on Monday or Tuesday**. Ensure sample times are documented.
 - Continue with teicoplanin dosing until result is available. This may take 3 - 5 days as levels are sent to Bristol to be analysed BUT if renal function deteriorates seek advice from Pharmacy or Microbiology.
 - Interpret levels using the table below and adjust doses accordingly.
 - Review daily for IV to oral switch

4. Interpreting Teicoplanin Levels

Target Trough = 20 - 30mg/L

Interpret levels using the table below and adjust doses accordingly.

Repeat levels weekly

Teicoplanin Trough Level (mg/L)	Action
<15	Discuss with pharmacy
15 - 20	Increase maintenance dose by 200mg
21 - 30	Maintain current maintenance dose
31 - 35	Reduce maintenance dose by 200mg
> 35	Discuss with pharmacy

References:

[Lamont et al](#), Development of teicoplanin dosage guidelines for patients within an outpatient parenteral antimicrobial therapy (OPAT) programme, Journal of Antimicrobial Chemotherapy 2009, 64, 181-187.

[SmPC](#), Targocid 400mg Injection (last accessed 05/03/2023).

[MD Calc](#) Creatinine Clearance calculator, (last accessed 05/03/2023).

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