

ACUTE KIDNEY INJURY IN PATIENTS RECEIVING VANCOMYCIN AND PIP/TAZ COMBINATION THERAPY (A1), Katherine Tauson, Staci Dufrene, Kevin Box, ~~James Lane, Charles James~~, University of California, San Diego Medical Center, San Diego, CA (katuson@ucsd.edu) IRB pending.

There has been recent attention given to an observed increase in the development of acute kidney injury (AKI) in patients receiving antimicrobials ~~including both~~ vancomycin and piperacillin/tazobactam (pip/tazo). It is unclear what factors may be associated with development of nephrotoxicity in patients receiving these agents. The objective of this retrospective study was to estimate the incidence and to examine factors that may be associated with the development of AKI in patients that received combination therapy with vancomycin and pip/tazo. Patients admitted to UCSD Medical Center during 2008 were identified retrospectively using the electronic pharmacy database and were included if they received vancomycin, pip/tazo, or combination therapy with vancomycin and pip/tazo and had an ICD-9 code for diagnosis of acute renal failure. Patients were further screened for AKI that met the definition of increase in serum creatinine of at least 0.3mg/dL or 1.5 fold increase from baseline in less than 48 hours as defined by the Acute Kidney Injury Network. Indication for antimicrobials, drug used, dosing schedule, pertinent drug levels and target trough for vancomycin were collected to assess the antimicrobial regimen. Concurrent use of other nephrotoxic agents, trend in serum creatinine, and number of days to development or resolution of AKI was calculated to

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characterize the AKI event. Findings and further results will be presented.