

470

CONTINUOUS INFUSION OF VANCOMYCIN AND INCIDENCE OF ADVERSE DRUG EVENTS: A COMPARISON TO INTERMITTENT INFUSION (B6), Michelle Lee, Susan McKamy. Miller Children's Hospital, Long Beach, CA (mlee2@memorialcare.org) IRB approval pending.

Vancomycin is a time dependent glycopeptide antibiotic that exerts maximum bactericidal activity when the serum drug level is maintained at least 4 to 5 times above the minimum inhibitory concentration (MIC) of the pathogen. Due to increasing reports of vancomycin treatment failures for methicillin resistant *Staphylococcus aureus* (MRSA) with high MIC values (2 mcg/ml), higher vancomycin trough targets are recommended. Many pediatric patients have excellent clearance of vancomycin and even with every 6 hour dosing, may not achieve target trough levels of 15 to 20 mcg/ml. Studies in the adult population demonstrate a pharmacokinetic advantage and a possible morbidity benefit of continuous infusion over intermittent infusion. A retrospective chart review of 100 patients who received high dose intermittent vancomycin from May 2008 to September 2008 was performed at Miller Children's Hospital. This group was compared to those who received continuous infusion vancomycin from November 2008 through March 2009 for changes in renal function, serum drug levels above the target range, and achievement of target trough levels. The groups were also examined for incidence of Red Man's syndrome, neutropenia, and thrombophlebitis. Results and conclusion will be presented.