

Vancomycin Monitoring Form

Patient's Name: _____ SSN/ MRN: _____ Loc: _____

Age: _____ Gender: _____ Ht (in): _____ Actual BW (kg): _____ IBW (kg): _____

Allergies: _____ Physician/Pager #: _____

Site of Infection: _____ **GOAL TR** _____ Date initiated: _____

Day #	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
DATE															
DOSE/ FREQ															
TIME															
TIME															
TIME															

Lab Data:

BUN/SCr															
CrCl															
WBC															
Temp															

Drug Levels:

Peak/ Time															
Trough/ Time															
Random/ Time															

Analysis:

Microbiology:

Date	Date	Source	Findings
V (L)			
K			
t1/2			
Initial dose			
Exp P/T			

Notes:
