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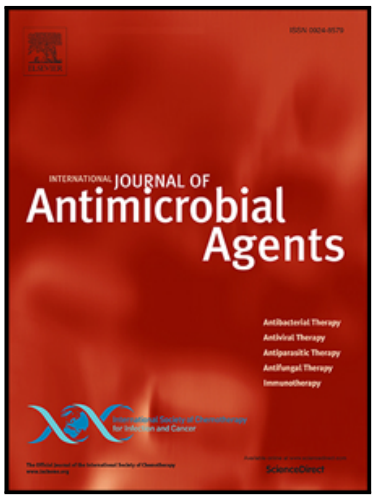


# Population pharmacokinetics of vancomycin in critically ill patients receiving prolonged intermittent renal replacement therapy

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**Highlights**

1. Vancomycin dosing in prolonged intermittent renal replacement therapy in ICU patients is highly challenging
2. Assuming a MIC of 1 mg/L, vancomycin doses of 25 mg/kg/day are suggested to achieve efficacious, whilst minimising toxic, exposures
3. Dosing of vancomycin during PIRRT needs to be significantly higher than what is required in other forms of CRRT or where there is no RRT being used
4. The large pharmacokinetic variability of vancomycin in critically ill patients means empiric dosing is difficult and TDM is still required
5. TDM is still required, perhaps more frequently as durations of PIRRT may not always be homogenous meaning that a static guideline approach to dosing is likely to be inadequate

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