Monitoring intraventricular vancomycin for ventriculostomy access device infection in preterm infants

Child’s Nervous System

Parasuraman Jaya Madhura 1, Albur Mahableswar 2, Fellows Greg 3, Heep Axel 1,4

1 Neonatal Intensive Care Unit, Southmead Hospital, Bristol, United Kingdom
2 Department of Medical Microbiology, Southmead Hospital, Bristol, United Kingdom
3 Department of Paediatric Neurosurgery, University Hospitals Bristol NHS Foundation Trust, Bristol, United Kingdom
4 Neonatal Neurology Group, School of Clinical Sciences, University of Bristol, Bristol, United Kingdom

Corresponding author:
Jaya Madhura Parasuraman, MBBC, MRCPCH
Jaya.Parasuraman@nbt.nhs.uk

Online Resource 3:

Figure 3

IVV dosages and CSF drug concentrations in IVV treatment of 2 preterm infants with ventriculitis

a) Vancomycin starting dose 3mg (preterm infant 25 week GA, diagnosis of Ventriculitis on day 3 of daily Ommaya reservoir taps for treatment of PHVD); b) Vancomycin starting dose 15mg (preterm infant 24 week GA, diagnosis of Ventriculitis on day 33 of daily Ommaya reservoir taps for treatment of PHVD). X-axis denotes time (hour), y-axis denotes CSF vancomycin level (mg/L), and arrows indicate the IVV dose timings.

Figure 3 a)
Figure 3b)

Intraventricular Vancomycin Dose & CSF Vancomycin Levels-24/40

mg/L

0 100 200 300 400 500 600 700 800

CSF Vanc level mg/L