Vancomycin

1. What is vancomycin and is it used for?

Vancomycin is an antibiotic that is used to treat infections that are caused by certain types of bacteria. It is often used when other antibiotics are not effective. Vancomycin is usually given as a solution for infusion or as oral solution.

2. What are the possible side effects of using vancomycin?

Vancomycin can cause side effects such as nausea, vomiting, and diarrhea. It may also cause more severe side effects such as hearing loss, kidney damage, and allergic reactions. Vancomycin should be used only if the benefits outweigh the risks.

3. How should I take vancomycin?

Vancomycin is usually given as a slow intravenous infusion over at least 60 minutes. It should be given slowly to avoid rapid infusion-related reactions. The dosage of vancomycin will depend on the patient's condition and the type of infection being treated.

4. What should I know before you are given vancomycin?

If you have certain medical conditions, you may not be able to take vancomycin. It is important to tell your doctor about any medical conditions you have before taking vancomycin.

5. How is vancomycin taken?

Vancomycin is taken by injection under the skin (subcutaneous injection) or into a vein (intravenous infusion). It is usually given as a slow infusion over at least 60 minutes. The dosage of vancomycin will depend on the patient's condition and the type of infection being treated.

6. What should you know before you are given vancomycin?

If you are allergic to vancomycin, you should not be given vancomycin. Other allergic reactions can occur with vancomycin, so you should tell your doctor if you have any allergies.

7. Information for the Health Care Professional

Vancocin 500mg and 1000mg Powder for Solution for Infusion or Oral Solution

Vancocin is used for the treatment of infections caused by specific types of bacteria. It is usually given as an injection or as oral solution. Vancocin is made from a chemical called vancomycin, which is an antibiotic. Vancocin powder is made into a solution for infusion or oral solution. It is important to tell your doctor about any allergies you have before taking vancomycin.

8. Package leaflet:

If you get any side effects, talk to your doctor or pharmacist. Ask your doctor or pharmacist to tell you about the expected effects of vancomycin and whether they are bothersome or important.

9. How is vancomycin used?

Vancomycin is used in the treatment of endocarditis and as an antibiotic. It is usually given as a slow injection or as oral solution. Vancomycin is indicated in potentially life-threatening infections which cannot be treated with other effective, accepted antibiotics. Vancomycin is not usually used for viral infections or for infections caused by Clostridium difficile.
3.3. Suspected adverse reactions via the Yellow Card Scheme of the medicinal product is important. It allows continuous Reporting of suspected adverse reactions specialist dermatological assessment should be carried out. If a skin disorder is suspected, the drug should be discontinued and any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutropenia, usually starting one week or more after onset of intravenous therapy or from any such isolate must be confirmed and the isolate sent to a specialist department. Eosinophilia has been reported. Reversible neutro