Purpose:
To describe a case of intraperitoneal administration of vancomycin in a pediatric patient and evolution of plasma levels.

Material and methods:
Prospective case tracking and collaboration in the identification and interpretation of plasma levels of vancomycin.

Results:
Intraperitoneal administration of vancomycin (15 mg per liter of dialysis fluid) was effective (negativization crop) and safe (serum creatinine levels maintained). In 21 days of treatment =>11 plasma levels determination. Range: [8.19, 32.93]

Conclusion:
Intraperitoneal administration of vancomycin is an effective alternative in methicillin resistant microorganisms infections in patients undergoing peritoneal dialysis. In pediatric patients the percentage of absorbed vancomycin is unknown. The possibility of monitoring plasma levels allows safe dosage and avoid nephrotoxicity associated with high plasma concentrations of vancomycin.