

TARGETED ANTIFUNGAL AGENT SELECTION IN NON-HAEMATO-ONCOLOGY PATIENTS IN CRITICAL CARE

Proven invasive Candidiasis
OR
Yeast seen on Gram stain of Blood Culture or normally sterile fluid

1. Central venous catheters should be removed and re sited if still required.
2. Any other implicated prosthetic material (e.g. ureteric stent, biliary stent, V-P shunt) present at the time of blood culture must be removed unless contraindicated.
3. All patients require ophthalmology assessment.
4. Blood cultures should be repeated daily, or every other day, until negative.

DO ANY OF THE FOLLOWING APPLY?

- Septic/unstable patient with *Candida* isolate of unknown species Identification/susceptibility
- Blood culture/invasive infection due to an azole-resistant isolate within past 4 weeks
- Failure of fluconazole therapy within the past 4 weeks
- Currently colonised with fluconazole-resistant *Candida* species/Infection with *C. glabrata* of unknown fluconazole susceptibility
- Intolerance of or contraindication to (e.g. drug interaction) to fluconazole

NO

YES

Fluconazole IV

Loading dose

800mg on day 1

Maintenance dose

Either

Candida species shown to be sensitive on testing

Fluconazole 400 mg day

Or

Candida species with dose-dependent sensitivity

Fluconazole 800mg/day #

Caspofungin IV*:

Loading dose

70mg on day 1

Maintenance dose (from day 2 onwards):

Weight ≤ 80 kg: 50 mg once daily

Weight > 80kg: 70mg once daily

Reduce dose if liver function impaired (for Child-Pugh score 7-9 give 35mg)

OR

AmBisome IV*

NB initial test dose 1mg over 10 min, stop infusion and observe patient, if no allergy, anaphylactoid reactions, continue. If allergic, anaphylactoid reactions stop immediately and **do not** continue

Starting dose (in non-neutropenic patients)

1 mg/kg/day (as a single dose over 30-60 min) increasing to 3-5 mg/kg/day (5 mg/kg/day dose unlicensed, dose depending on response)

INVASIVE ASPERGILLOSIS

1st Line: **Voriconazole**

2nd Line: **Ambisome®**

3rd Line: **Caspofungin**

EXCLUSIONS

Candida species causing infective endocarditis, meningitis, septic arthritis, osteomyelitis, prosthetic device infections, renal tract candidiasis or retinitis/endophthalmitis

All such presentations should be managed in discussion with an infection specialist.

PRACTICE POINTS

- ♦ *AmBisome® and *Caspofungin are ALERT antimicrobials. Please complete ALERT form and discuss with ID/microbiology regarding appropriate choice of antifungal
- ♦ Always check BNF for dose adjustments, contraindications and drug interactions.
- ♦ Fluconazole requires QT monitoring/caution with other drugs affecting QT
- ♦ Review daily and discuss IV to Oral switch timing, antifungal choice and dosing with microbiology
- ♦ #Unlicensed dose

DURATION OF THERAPY

Candidaemia: at least 14 days after last positive Blood Culture.

Candidaemia from a removable source: at least 14 days after removal of source

EMPIRICAL ANTIFUNGAL AGENT SELECTION IN NON-HAEMATO-ONCOLOGY PATIENTS IN CRITICAL CARE

