

PROPHYLAXIS

Administration of antifungal therapy without signs of infection based on primary diagnosis

PRIMARY DIAGNOSIS

- Neutropenic sepsis
- Oesophageal perforation
- Fulminant hepatic failure
- Liver or lung transplant
- Bone marrow transplant

SCREEN

Fluconazole 800mg loading dose, then 400mg OD (unless already on antifungals)
Alternative: Caspofungin loading 70mg then 50mg OD

SCREENING

The following specimens should be sent to the microbiology department:

- CSU
- Sputum or BAL
- Peripheral blood culture (in green-topped bottles)
- Wound/drain fluid
- Oral swab
- Groin swab
- Line tips from intravascular devices

Please specify 'FUNGAL SCREEN' on request form

EMPIRICAL

Evidence of clinical deterioration with unresolving SIRS criteria despite broad spectrum antibiotic cover in patients with high risk conditions.

HIGH RISK CONDITIONS

- GI perforation
- Anastomotic breakdown
- Acute necrotising pancreatitis
- Diabetes
- Alcoholism
- Immunosuppression
- Acute renal failure
- Prolonged ICU stay
- Long-term CVC residence
- Multiple courses of antibiotics
- Candida isolated from 2 or more sites

SCREEN

Fluconazole 800mg loading dose, then 400mg OD. Recommended if no previous azole exposure or no evidence of colonisation with Candida glabrata or Candida Krusei
Alternative: Caspofungin loading 70mg then 50mg OD

If no response after 48 hours please discuss with a Microbiologist

TARGETED

Proven Candidaemia

Commence Caspofungin loading 70mg then 50mg once a day

Switch to fluconazole in 5 to 7 days if:

- clinically stable,
- isolates sensitive to fluconazole
- repeat blood cultures after initiating Caspofungin are negative

Please discuss with microbiologist

FURTHER MANAGEMENT

All patients with yeasts in blood culture should have:

- Fundoscopy
- Ophthalmic consult
- Change of intravascular devices
- Repeat blood cultures every other day to establish the point at which Candida is cleared
- Treatment for at least 14 days after last positive culture

If sustained Candidaemia then consider Echocardiogram and CT Thorax/Abdomen/Pelvis