Denver Health Guideline for the Management of Patients with Known or Suspected Invasive Candidiasis

**Risk factors for invasive Candidiasis:**
- Prolonged ICU admission
- Total parenteral nutrition (TPN)
- Prior surgery, especially abdominal
- Broad-spectrum antibiotic therapy
- Central venous catheter
- Candida colonization of multiple sites
- Solid organ or hematopoietic cell transplantation
- Hematologic malignancies
- Chemotherapy

**Empiric Therapy for Suspected Candidemia**

Clinical scenarios to consider empiric anti-candidal therapy:
- ICU patients with at least one risk factor for invasive Candidiasis with persistent fever or hemodynamic instability despite broad-spectrum antibacterial therapy
- Transplant or other immunosuppressed patients with severe sepsis or shock
- Neutropenic patients with persistent fever after 5-7 days of broad-spectrum antibacterial therapy

1) Draw peripheral blood cultures (fungal blood cultures not indicated for the diagnosis of Candidemia)
2) Start empiric caspofungin: 70mg IV loading dose on day 1, then 50mg daily* (see footnote for fluconazole alternative**)

**Management of Known Candidemia**

Blood culture positive for yeast suspected to be Candida

Start caspofungin: 70mg IV loading dose on day 1, then 50mg daily* (see footnote for fluconazole alternative**)

- Remove intravascular catheter whenever possible, send tip for culture
- Obtain follow-up blood cultures 48-72 hours after initial culture
- Consult Infectious Diseases service in all cases
- Dilated eye exam for all patients to evaluate for endophthalmitis
- Echocardiography for all patients to evaluate for endocarditis
- Consider further imaging if signs or symptoms suggest deep tissue infection

**Alternative etiology identified**

Discontinue antifungal

**Blood culture negative for yeast**

- Reassess clinical status after 48-72 hours of empiric therapy
- Consider ID consultation

**Blood culture positive for yeast**

Continue treatment with caspofungin until Candida species known

- Change caspofungin to fluconazole: 400mg IV or PO daily (any enteral route acceptable if functional GI tract)

**Candida albicans or dubliniensis**
- Candida parapsilosis
- Candida tropicalis
- Candida lusitaniae

**Candida glabrata**
- Candida kruzie

**Treatment duration:** minimum of 14 days after blood cultures become negative
- Longer durations necessary for endophthalmitis, endocarditis, and other deep tissue infections

* Hepatic dysfunction:
  - Mild (Child-Pugh score 5-6): No adjustment necessary
  - Moderate (Child-Pugh score 7-9): 70mg IV loading dose on day 1, then 35mg IV daily
  - Severe (Child-Pugh score >9): No clinical experience

** Fluconazole may be used in non-neutropenic, hemodynamically stable patients (mild-moderate severity of illness) without recent ‘azole’ exposure

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