

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

Updated 5/28/09

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

Alternative etiology identified

Discontinue antifungal

No alternative etiology identified

Blood culture negative for yeast

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

Blood culture positive for yeast

* 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

Management of Known Candidemia

Blood culture positive for yeast suspected to be Candida

Start **casprofungin**: 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

Continue treatment with **casprofungin** until Candida species known

Candida albicans or dubliniensis
Candida parapsilosis
Candida tropicalis
Candida lusitanae

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

Candida glabrata
Candida krusei

Continue treatment with **casprofungin** (fluconazole resistance common)

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