CANDIDEMIA

Yeast isolated in the blood should not be considered a contaminant. Formal ID consultation is required at Jefferson Highway for all patients with candidemia and has been associated with reduced morbidity and mortality.

Patients with candidemia should have the following completed:

- Determine the primary and any potential secondary foci of infection
- Eliminate or debride the foci of infection as early as possible
- Remove all intravascular catheters, if possible
- Draw repeat blood cultures every 48 hours until clearance of candidemia is documented
- Obtain a ophthalmologic exam to rule out endophthalmitis before discharge
- Duration of therapy:
  - No evidence of metastatic complications: 2 weeks from first negative blood culture
  - Patients with metastatic complications (e.g., endophthalmitis, endocarditis): obtain an ID consultation to determine the length of therapy

EMPIRIC THERAPY

- Empiric antifungal coverage (x 72-96 hours) may be considered while awaiting cultures for patients with at least 3 of the following risk factors:
  - Indwelling central catheters
  - Receiving parenteral nutrition (TPN)
  - Recent surgery involving the GI tract or abdominal cavity
  - Neutropenia
  - Use of broad spectrum antimicrobials for >96 hours with continued hemodynamic instability
  - Use of immunosuppressive agents
  - Colonized with Candida spp. at multiple non-sterile sites
- First line
  - Critically-ill patients: Micafungin 100mg IV q24h
  - Prolongedazole exposure in the last 90 days: Micafungin 100mg IV q24h
  - Fluconazole 800mg IV/PO x 1 dose, then 400mg q24h

DEFINITIVE THERAPY

<table>
<thead>
<tr>
<th>Species</th>
<th>First line</th>
<th>Alternative therapy (if susceptible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candida albicans</td>
<td>Fluconazole 400mg (6mg/kg) IV/PO q24h</td>
<td>Micafungin 100mg IV q24h (C. parapsilosis and C. guillermondii may be less susceptible)</td>
</tr>
<tr>
<td>Candida dubliniensis</td>
<td>If hemodynamically unstable, may consider Micafungain 100mg IV q24h</td>
<td>Liposomal amphotericin 3mg/kg IV q24h (C. lusitaniae considered resistant)</td>
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<tr>
<td>Candida tropicalis</td>
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<tr>
<td>Candida lusitaniae</td>
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<tr>
<td>Candida parapsilosis</td>
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<tr>
<td>Candida guillermondii</td>
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</tr>
<tr>
<td>Candida glabrata</td>
<td>Micafungin 100mg IV q24h</td>
<td>Voriconazole 6mg/kg IV/PO q12hx 2 doses, then 4mg/kg IV/PO q12h</td>
</tr>
<tr>
<td></td>
<td>If fluconazole susceptible:</td>
<td>Liposomal amphotericin 3mg/kg IV q24h</td>
</tr>
<tr>
<td></td>
<td>Fluconazole 800mg (12mg/kg) IV/PO q24h</td>
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<tr>
<td>Candida krusei</td>
<td>Voriconazole 6mg/kg IV/PO q12hx x 2 doses, then 4mg/kg IV/PO q12h</td>
<td>Liposomal amphotericin 3mg/kg IV q24h</td>
</tr>
<tr>
<td></td>
<td>Micafungin 100mg IV q24h</td>
<td></td>
</tr>
</tbody>
</table>

*Higher doses may be required for obese patients.

References