FLUCONAZOLE PRESCRIBING FOR CANDIDA INFECTIONS

For empiric antifungal therapy for suspected candidemia, disseminated candidiasis in the ICU, use an echinocandin until culture data is available

Use for documented or suspected infection due to Candida species. Most non-albicans species are susceptible to fluconazole except for *Candida krusei* and some strains of *Candida glabrata*. Fluconazole resistance may increase after multiple or prolonged courses of fluconazole for treatment or prophylaxis.

Site of infection	Dose [1,2]	Duration of therapy
Vaginal candidiasis (uncomplicated)	150 mg	x 1 dose +/- intravaginal clotrimazole
Oral thrush	100 mg daily If possible, start with nystatin swish and swallow	7-14 days
Esophageal candidiasis	200 mg daily	14-21 days
UTI, not colonization	200 mg daily	7-14 days
Candidemia ***mandatory ID consult***	12mg/kg IV x 1 then 6mg/kg po/IV daily *800mg should be used for isolates that demonstrate dose-dependent susceptibility (SDD)	14 days (minimum) after first negative blood culture and resolution of signs and symptoms of infection[3] **ALL PATIENTS WITH CANDIDEMIA NEED AN OPTHALMOLOGY CONSULT TO RULE OUT ENDOPTHALMITIS**
Intra-abdominal infection Routine use of antifungal therapy not indicated. Consider if patient immunosuppressed from cancer chemotherapy or transplantation, or if surgical or traumatic injury to the gut wall, or inflammatory disease.	400 mg daily	Duration of therapy not well defined; guide by patient response. Usually 2-3 weeks
Empiric use in the ICU[4]	12mg/kg x 1 then 6mg/kg daily	Not defined
Sputum	No treatment; usually a colonizer	

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[1] Fluconazole PO is 100% bioavailable – systemic concentrations after PO are comparable to concentrations achieved after IV administration. Fluconazole is part of the Automatic Therapeutic Interchange Program at HHS.

[2] See renal dose adjustment table.

[3] Breakthrough or persistent candidemia despite continued antifungal therapy suggests possibility of an infected intravascular device, significant immunosuppression, or microbiological resistance.

[4] Utility of fluconazole is controversial. Empiric use may be appropriate in patients with p*ersistent fever, hypothermia or hypotension despite 5 days of appropriate antibiotics and without another diagnosis. Patients at higher risk for candidemia include those with* Candida colonization at multiple sites, absence of uncorrected causes of fever or hypotension,. prolonged use of antibacterial antibiotics, presence of central venous catheters, TPN, surgery (especially if transects the abdominal wall) and prolonged ICU stay.