

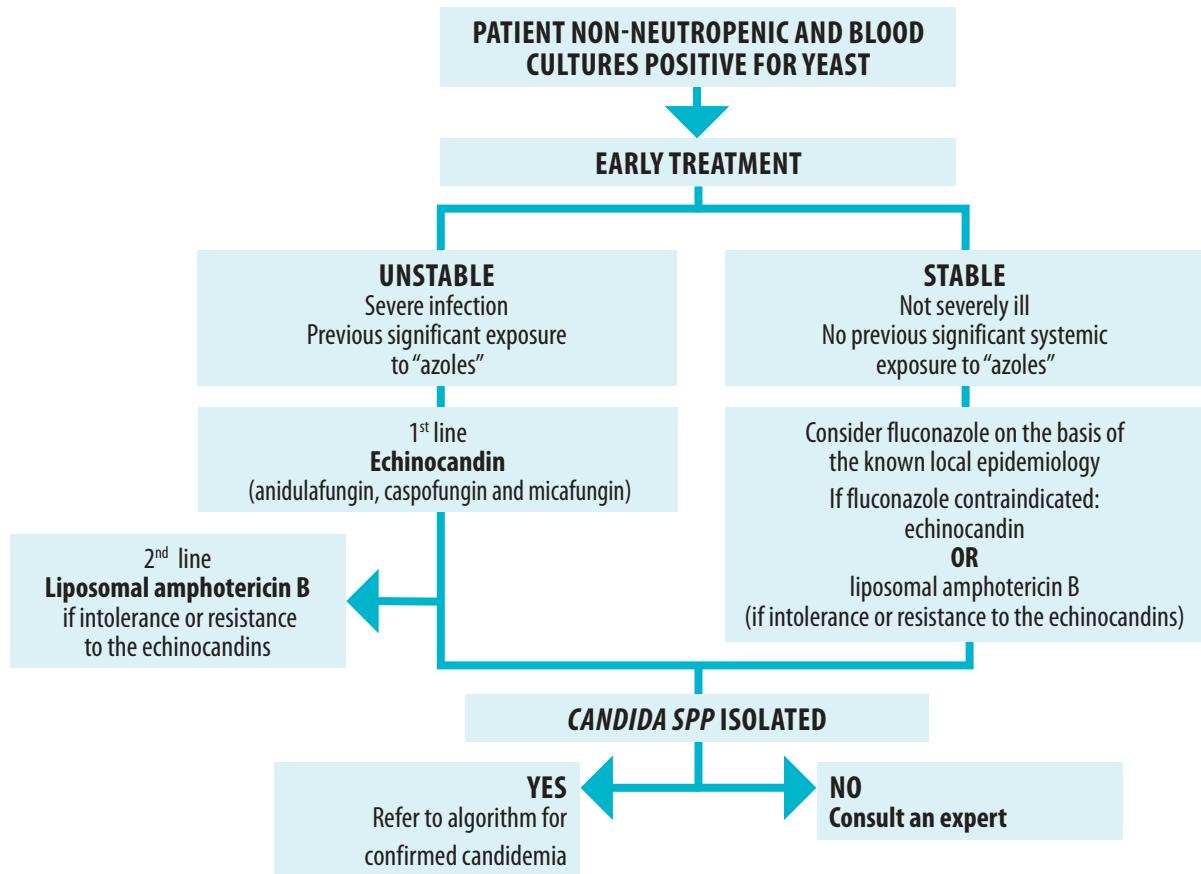
EARLY TREATMENT OF YEAST FUNGEMIA NON NEUTROPENIC ADULT PATIENT

EARLY TREATMENT

Therapy for a patient with blood cultures revealing the presence of yeast and identification and antifungal susceptibility testing results are pending.

ITEMS TO CONSIDER

- Consult an expert for complicated situations or according to the patient's clinical status (e.g. transplantation).
- Yeast in blood cultures is never a contaminant.
- Consider removing catheters on a case-by-case basis.
- Consult an expert regarding the removal of prosthetic equipment (e.g., an artificial joint, an arteriovenous fistula, etc.).
- Consider the risk of drug interactions (e.g., "azoles").
- If necessary, adjust the dose according to the patient's renal function (e.g., fluconazole).
- If necessary, adjust the dose according to the patient's hepatic function (lower the caspofungin dose; consider micafungin or anidulafungin).



DE-ESCALATION

Narrow the spectrum according to the local epidemiology as soon as possible

Transition to the oral route (usually after 5-7 days if the patient is stable and the follow-up blood cultures are negative).

Consider fluconazole IV or PO* or voriconazole PO*

(*excellent bioavailability).

Duration of treatment

Consult an expert to determine the appropriate duration of treatment, as it is influenced by whether or not there is organ involvement and by the underlying disease.

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