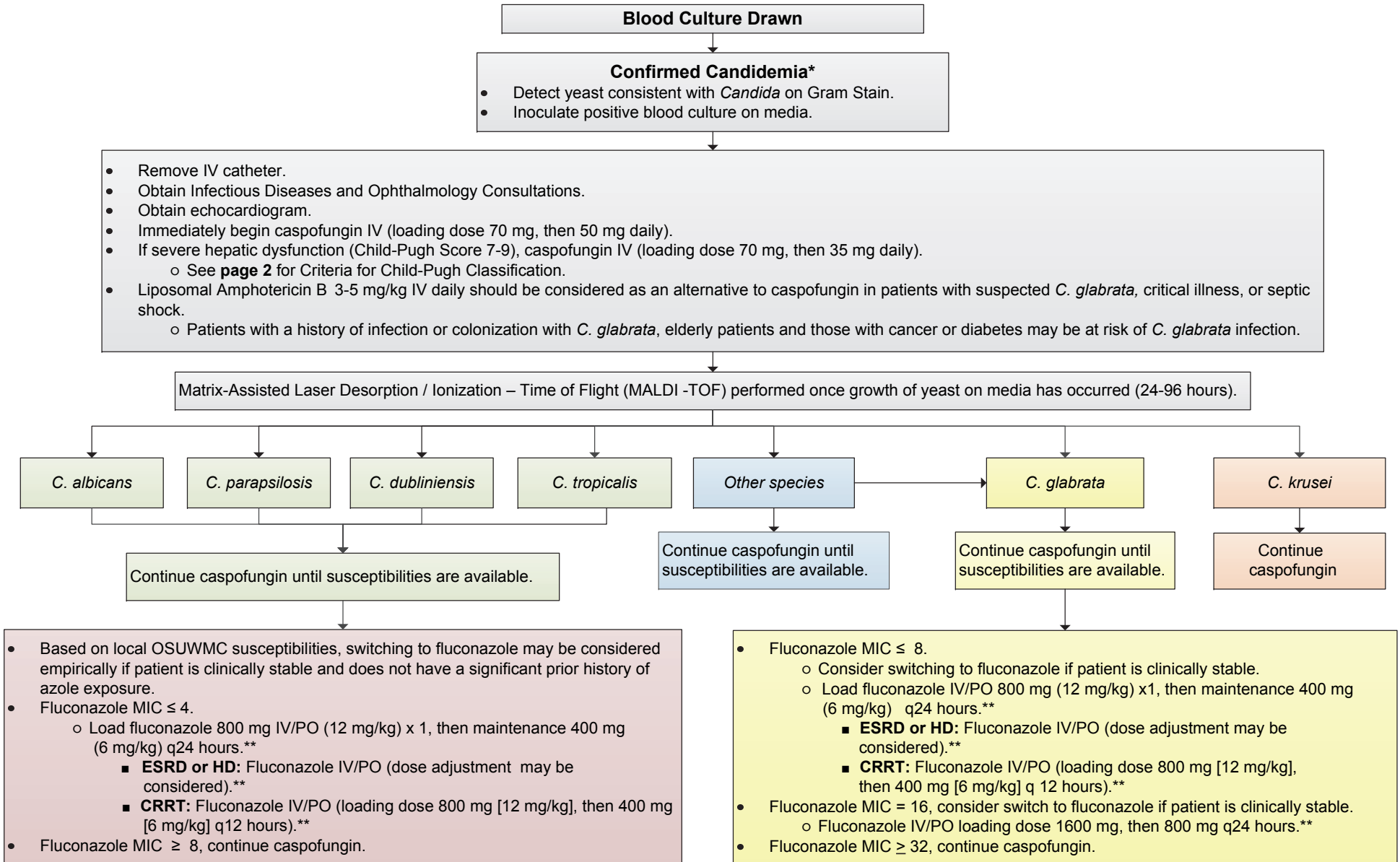


Treatment of Confirmed Candidemia



* An Infectious Diseases Consultation should be considered to assist in determining the appropriate duration of therapy. The recommended duration of therapy for candidemia with IV catheter removal and without metastatic complications (i.e., endophthalmitis, endocarditis) is at least 2 weeks from the first documented negative blood culture with resolution of symptoms.

**Oral fluconazole therapy is preferred. Larger doses of fluconazole may be necessary in obesity. Doses should be rounded to nearest 200 mg. For additional dosing assistance or questions, contact a member of the [Antimicrobial Stewardship Program](#).

Criteria for Child-Pugh Classification

Score

Grade A = 5-6

Grade B = 7-9

Grade C = 10-15

Clinical and Biochemical Measurements				Points Scored for Increasing Abnormality		
	1	2	3	1	2	3
Hepatic encephalopathy (grade)*	○ 1	○ 2	○ 3	None	1 and 2	3 and 4
Ascites	○ 1	○ 2	○ 3	Absent	Mild	Moderate
Total bilirubin (mg/dl)	○ 1	○ 2	○ 3	< 2.0	2.0 – 3.0	> 3.0
Serum albumin (g/dl)	○ 1	○ 2	○ 3	> 3.5	2.8 – 3.5	< 2.8
Prothrombin time (sec. prolonged) or Prothrombin time INR	○ 1	○ 2	○ 3	< 4 or < 1.7	4-6 or 1.7 – 2.3	> 6 or > 2.3

*According to grading of Trey, Burns, and Saunders (1996)

Source: University of Washington Medical Center

References

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- Lucey MR, et al. (1997). Minimal criteria for placement of adults on the liver transplant waiting list: a report of a national conference organized by the American Society of Transplant Physicians and the American Association for the Study of Liver Diseases. *Liver Transplant Surgery*, 3(6):628-37.
- Pugh RNH, et al. (1973). Transection of the esophagus for bleeding esophageal varices. *The British Journal of Surgery*, 60(8):646-654.

Quality Measures

- Time to antifungal therapy
- Duration of therapy
- Mortality
- Length of stay

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Guideline Approved

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Disclaimer: Clinical practice guidelines and algorithms at The Ohio State University Wexner Medical Center (OSUWMC) are standards that are intended to provide general guidance to clinicians. Patient choice and clinician judgment must remain central to the selection of diagnostic tests and therapy. OSUWMC's guidelines and algorithms are reviewed periodically for consistency with new evidence; however, new developments may not be represented.

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