

Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Fungal

Fungal ■

1. **Medical assessment** is required before prescribing antifungal therapy.
2. For suspected oral candidiasis send a **swab** to microbiology to confirm fungal infection.
3. For **recurrent or refractory** infection send a repeat swab and discuss with Microbiology.
4. In immunocompromised patients a high index of suspicion of infection is advised. ■

Empiric Treatment of Fungal Infections		
Infection	Treatment	Comment
Oropharyngeal candidiasis	Mild Nystatin suspension PO 5ml every 6 hours after food. Swish and swallow, leaving in contact with mouth for at least 30 seconds.	Duration usually for 7 days, continued for 48 hours after lesions have resolved.
	Moderate to severe Fluconazole PO 200mg loading dose on day 1 followed by 100mg every 24 hours	Duration 7 to 14 days
	Fluconazole refractory Contact Microbiology	
	Denture related As above plus disinfection of dentures.	
Oesophageal candidiasis	Fluconazole PO 400mg loading dose on day 1 followed by 200mg every 24 hours	Duration 14 to 21 days
Acute Vulvovaginal candidiasis (VVC)	Recommended regimen: Clotrimazole 2% cream topically 2-3 times daily for 7-14 days + Clotrimazole pessary 500mg intravaginally as a single dose <u>Add Fluconazole PO 150mg as a single dose if not responding.</u> Severe Acute VVC: Fluconazole PO 150mg every 72 hours for 3 doses Acute VVC in Pregnancy and breastfeeding: Clotrimazole pessary 500 mg intravaginally at night for up to 7 consecutive nights Fluconazole refractory/severe/recurrent PVC Contact Microbiology	
Candida at urinary, respiratory & other sites	Treatment not routinely indicated. Contact Microbiology	
Disseminated candidiasis	Contact Microbiology. Choice of antifungal depends on sensitivities.	
Fungal skin infection	Contact Microbiology or Dermatology for advice.	
Fungal nail infection	Contact Microbiology or Dermatology for advice.	
For all other suspected fungal infections e.g. aspergillosis contact Microbiology	Contact Microbiology for advice.	

References:

1. IDSA Candidiasis Guidelines [Clin Infect Dis 2016;62:e1-e50](#)
2. BASHH UK National Guideline on the Management of Vulvovaginal Candidiasis [2007](#)
3. [Centers for Disease Control and Prevention](#) . Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep. 2015;64(RR-03):1-137
4. [IDSA 2016 Clinical Practice Guideline Update for the Management of Candidiasis](#) published December 16, 2015