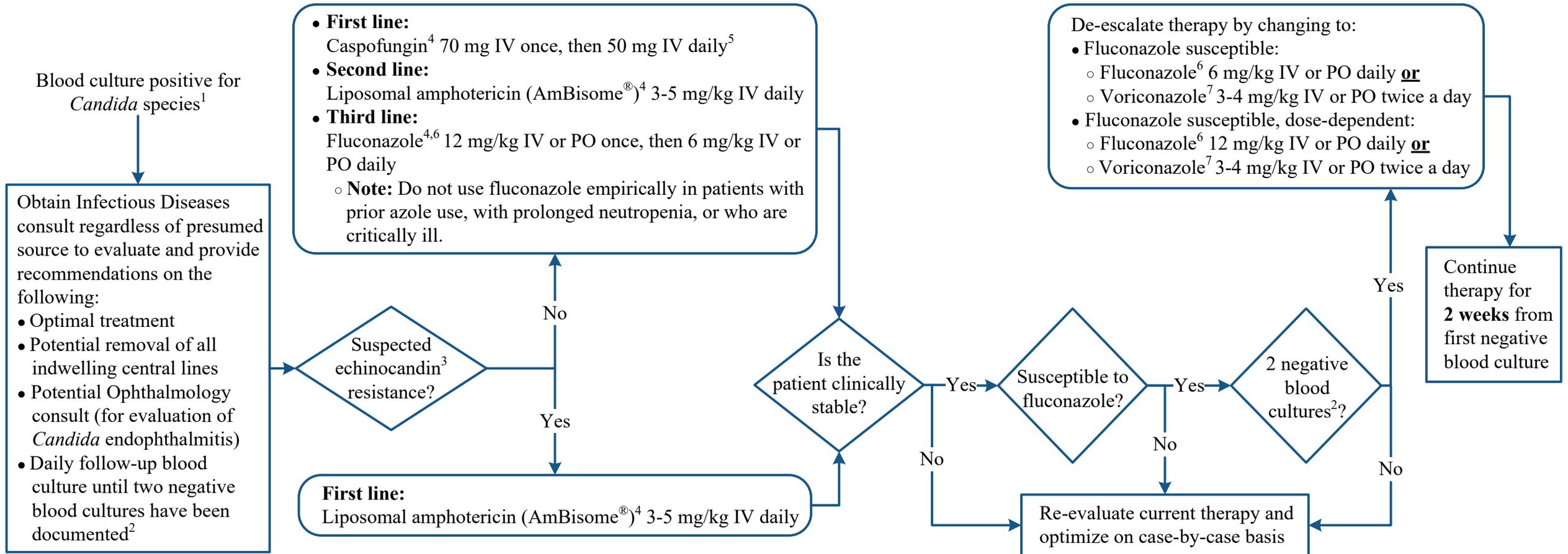


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INITIAL EVALUATION AND MANAGEMENT

ON-GOING MANAGEMENT



Notes:

- Doses indicated are for patients with normal renal/hepatic function. If organ dysfunction is present, dose adjustments may be necessary.
- Therapy duration may need to be extended in the setting of prolonged neutropenia, persistence of symptoms, or endophthalmitis

¹ Fungal elements in blood does not imply *Candida*, particularly in patients with hematologic malignancy. Consider non-*Candida* yeast (e.g., *Trichosporon*, *Cryptococcus*) or molds based on clinical scenario. Infectious Diseases consultation is strongly recommended for patients with any fungal elements in the blood.

² Repeat blood cultures are negative for 2 separate days

³ Consider echinocandin resistance in patients with a history of prolonged recent exposure

⁴ Refer to the institutional ordering tools in OneConnect

⁵ If patient's weight is ≥ 80 kg, adjust the dose to 150 mg IV once followed by 70 mg IV daily; further weight-based adjustments for morbid obesity should be considered on a case-by-case basis

⁶ Weight-based dosing of fluconazole (based on total body weight) should always be used in candidemia

⁷ Adjusted body weight should be used to dose voriconazole in patients who exceed 20% of ideal body weight

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Candidemia Management experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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