

This is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs. This is a quality improvement document and should not be part of the patient's medical record.

UNC PICU Fungal Prophylaxis Guidelines

Consider adding fungal prophylaxis for patients with the following risk factors:

1 MAJOR RISK FACTOR:

- Recommend screening fungitell (q7d)
 - If fungitell (+) -> begin systemic treatment dose antifungals
- Increased skin and mucosal surveillance
 - if skin screen (+) → treat w/ local antifungal and systemic prophylaxis

≥2 MAJOR OR 1 MAJOR + 1 MINOR RISK FACTOR

- Recommend systemic fungal prophylaxis

MAJOR risk factors:

- Immunosuppression (cancer, neutropenia ANC <1500, transplant, steroids)
- On TPN >7-10 days
- Complicated surgical patient requiring long-term ICU care
- On renal replacement therapy (SCUF, CVVH/D)

MINOR risk factors

- Repeated courses of abx (penems, zosyn, 3rd gen cephalosporins)
- Presence of central venous line

Recommended starting antifungal is fluconazole for both prophylaxis and treatment unless clinically contraindicated.

Brissaud O, Guichoux J, Harambat J, et al. Invasive fungal disease in PICU: epidemiology and risk factors. *Ann Intensive Care* 2012; 2:6.

Ostrosky-Zeichner L, Pappas PG, Dellinger RP. Invasive candidiasis in the intensive care unit. *Critical Care Medicine*. 2006;34(3):857-863