Is Adult neutropenic?

NO

YES — See Adult Neutropenic Sepsis Guideline

1. Persisting clinical signs of infection?

Fever or other ongoing SIRS response, including persistently raised CRP, WCC or incongruent PCT, especially if despite broad spectrum antibiotics (+/- Fluconazole)

NO: Consider other causes and reassess

YES

2. Are there risk factors present?

- Steroids/immunosuppression
- Prior abdominal surgery
- Central venous catheter
- Extended course of broad spectrum antibiotics
- *Candida* colonisation (greater than 1 site)
- Unresolved abdo sepsis
- Parenteral nutrition
- Renal replacement therapy
- Haematological malignancy

NO: Consider other causes and reassess

If YES to greater than or equal to 2 then SUSPECTED INVASIVE CANDIDIASIS

Send appropriate samples to Microbiology:

- 3 sets of blood cultures (to include lines)
- Serum sample for beta-D-1,3-glucan (BDG) & galactomannan (GM)
- Line tips (when removed); infected tissue/pus if appropriate
- Sample any sites if suspected clinical Candidiasis (mucosae, skin folds, urine)

AND

Commence empirical antifungal therapy

- **1st line: IV Caspofungin** (body weight 81kg and above = 70mg od; body weight up to 81kg = 1st dose 70mg on Day 1 then 50mg od)
- **2nd line**, or if Caspofungin contraindicated (allergy, recent treatment failure with echinocandin use)**: IV AmBisome® 3mg/kg od** (Amphotericin B): prescribe as AmBisome®

Consider discussing with MICROBIOLOGY

REVIEW MICROBIOLOGY AT 48 HOURS

NEGATIVE

STOP ANTIFUNGALS

- Reconsider diagnosis and reassess
- If ongoing risk factors for invasive Candidiasis consider repeat testing

(NB: BDG has a NPV well in excess of 90% for invasive Candidiasis)

POSITIVE

- Continue with IV antifungal and be led by sensitivities when available.
- Usual duration is for **2 weeks** from last +ve blood culture
- Repeat blood cultures to assess clearance twice weekly
- Change lines, remove urinary catheter & ensure no deeper-seated infection is present
- Examine eyes to rule out endophthalmitis and arrange ECHO to exclude endocarditis
- Advise repeat BDG if weakly positive or ongoing suspicion of Invasive Candidiasis (NB +ve BDG alone is not sufficient to indicate continued antifungal)