- For severe sepsis due to Candida species, initiate treatment with amphotericin until the identity of the Candida species is confirmed.
- If the infection is related to an intravascular catheter, the catheter should be removed to prevent relapse. Initially, use: amphotericin B desoxycholate 0.5 to 1 mg/kg IV, daily.
- For proven Candida albicans and other susceptible strains, use: fluconazole 400 mg (child: 10 mg/kg up to 400 mg) IV, daily.
- Following clinical improvement with either IV amphotericin or IV fluconazole, for susceptible species, continue treatment with: fluconazole 400 mg (child: 10 mg/kg up to 400 mg) orally, daily for a total of at least 14 days.
- Some Candida (eg C. krusei, C. glabrata) are resistant to fluconazole; voriconazole or caspofungin may be suitable alternatives.
- Neutropenic patients with hepatosplenic candidiasis need prolonged therapy.