

HISTOPLASMOSIS

ACUTE PULMONARY

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| Mild-Mod | Tx unnecessary | | |
| | Itraconazole | For sx >1mo | |
| Mod-Severe | Lipid AmpB | 3-5 mg/kg IV QD 1-2 wks | |
| | Itraconazole (followed by) | 200mg TID x3D then 200mg BID x12wks | |
| | Deoxy Amp B | 0.7-1.0 mg/kg IV QD | Alt for pts who are at low risk for nephrotoxicity |
| | Methylprednisolone | 0.5-1.0 mg/kg IV | During first 2 weeks of therapy For pts who develop respiratory complications (hypoxemia or significant resp. distress) |

CHRONIC PULMONARY

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| Itraconazole | 200mg x3 QD for 3 days, then 1-2 QD for a year | Take with food or soda Obtain levels after 2 weeks to ensure proper drug exposure |
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BLASTOMYCOSIS

PULMONARY

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| Mild-Mod | PO Itraconazole | 200 mg TID x3 days then 200 mg 1-2/day x6-12 months | |
| | Amp | If hepatotoxic with Itraconazole | |
| Mod-Severe | Lipid Amp B | 3-5 mg/kg QD for 1-2 weeks | |
| | Alt: AmB Deoxy | 0.7-1 mg/kg QD for 1-2 weeks | |

IMMUNOCOMPROMISED PTS

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| Immunosup. or AIDS pt | Lipid Amp B | 3-5 mg/kg QD |
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BLASTOMYCOSIS (cont)

Alt: AmB Deoxy 0.7-1 mg/kg QD x 1-2 weeks or until improvement noted

Step down: Itraconazole 200 mg QD

PREG NANT Lipid Amp B 3-5 mg/kg QD{nl}} **AVOID:** azoles

NEWB ORN AmB Deoxy 1.0 mg/kg QD

CHILDREN (severe)

Mild-Mod PO Itraconazole 10 mg/kg QD (max of 400 mg QD) x 6-12 months

Severe AmB Deoxy 0.7-1.0 mg/kg QD

Alt: Lipid Amp B (initial) 3-5 mg/kg QD

Step Down: PO Itraconazole 10 mg/kg QD (max 400 mg QD)

Note: Lifelong suppressive therapy with PO Itraconazole 200 mg QD if immunosuppression can't be reversed or if pt experience relapse

COCCIDIODOMYCOSIS

CHRONIC CAVITARY PNEUMONIA Fluconazole Itraconazole

EXTRAPULMARY Fluconazole Itraconazole

BONE AND JOINT Azoles

Severe? Amp B

