

### HISTOPLASMOSES

#### ACUTE PULMONARY

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
	Methylpredni-solone	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

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

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

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
<b>PREGNANT</b>	Lipid Amp B	3-5 mg/kg QD{nl}} <b>AVOID: azoles</b>
<b>NEWBORN</b>	AmB Deoxy	1.0 mg/kg QD
<b>CHILDREN (severe)</b>		
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

### COCCIDIOMYCOSIS

<b>CHRONIC CAVITARY PNEUMONIA</b>	Fluconazole Itraconazole
<b>EXTRAPULMARY</b>	Fluconazole Itraconazole
<b>BONE AND JOINT</b>	Azoles Severe? Amp B

