

### HISTOPLASMOSIS

#### 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
	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

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

**PREG NANT** Lipid Amp B 3-5 mg/kg QD{n}} **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

