

Antifungal Guidelines (Neonates)

The neonatal unit has roughly 400 admissions a year and only 1 - 2 cases of candida septicaemia so there is no need to give antifungal prophylaxis to all babies receiving broad spectrum antibiotics. Prophylaxis should be targeted to the babies who are most at risk.

Babies should be considered for systemic fluconazole prophylaxis if they were less than 26 weeks at birth and have a central or 'long line'.

Fluconazole Prophylaxis Doses

Under 2 weeks of age	<u>Fluconazole</u> 3 mg/kg IV every 72 hours
Between 2 to 4 weeks of age	<u>Fluconazole</u> 3 mg/kg IV every 48 hours
More than 4 weeks of age	<u>Fluconazole</u> 3 mg/kg IV every 24 hours

Fluconazole prophylaxis should be discontinued after 6 weeks or when the central or 'long line' is removed, whichever is sooner.

Fluconazole can cause liver dysfunction so liver function should be monitored during therapy. It also interacts with several other medications so check baby is not prescribed rifampicin, phenytoin, phenobarbitone, zidovudine or nevirapine.

If the baby is started on systemic anti-fungal treatment, then the prophylaxis should be stopped.

Reference

1. Kaufman D et al. Fluconazole prophylaxis against fungal colonisation and infection in preterm infants. *New England Journal of Medicine* 2001; 345(23): 1660-1667.