# Gompf's PocketRefs™

# ID Miscellany

# Antifungal Coverage

- Fluc = yeasts, Crypto, NOT C. krusei/glabrata
- Itra = yeasts, Histo, Crypto, Aspergillus
- Vori = yeasts, Histo, Crypto, Aspergillus, Fusarium, NOT Mucor/Rhizopus
- Echinocandins = yeasts, Aspergillus, NOT Fusarium/Mucor/Rhizopus
- Ampho = all, +/- Fusarium, NOT C. lusitaniae/guillermondi

- NO Ampho + itra/keto = ANTAGONISTIC
- 5FC increases penetration of above rxs
- Fusarium: Vori 6mg/kg IV Q24H or 300mg PO x 1 d, then 4mg/kg/d IV or 200mg PO BID + Ampho B 1.2 mg/kg/d or ABLC 5mg/kg/d
- Mucor: Ampho B 1.5mg/kg/d or ABLC 5mg/kg/d vs. posaconazole vs. isavuconazole; NOT echinocandins

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# Ampho B dosing

- ABLC/Ambisome 5 mg/kg/D IV
- Ampho B bladder irrigations:
  - 5 mg/100cc D5W given via Murphy catheter at 42 cc/hr x 48 H

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# Aerosolized nebs/Colistin

- Tobra 320mg IV soln nebulized Q8H
- Amik 500mg IV soln nebulized Q12H
- Colistin 75-150mg IV soln neb'd Q12H

- IV Colistin = 2.5-5mg/kg/d ÷ Q6-12H
- IV polymixin B = 1.5-2.5mg/kg/d ÷ Q6-12H

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# Septra dosing IV (based on TMP component) vs. PO

- TMP/SMP IV = 16 mg TMP/cc
- **5mg/kg/d IV TMP ÷ Q6-8H ≈ 10 cc IV Q8H**
  = DS 1 tab PO BID
- **10mg/kg/d IV TMP ÷ Q6-8H ≈ 15 cc IV Q8H**
  = DS 2 tabs PO BID
  = SSTI/nodular lymphangitis
- **15mg/kg/d IV TMP ÷ Q6-8H ≈ 20 cc IV Q8H**
  = DS 2 tabs PO TID
  = for PCP x 21 days
  = for lung Nocardia: 20cc Q8H for 4 wks then 15 cc Q8H/DS 2 PO TID x 6 mos (serum sulfonamide levels need to be 100-150 microG/mL 2 hrs post upon stepdown to DS tabs)

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# Parasite density per microL = [Count # parasites/200 WBC in smear] X [Total WBC from CBC/200]

- Estimate is done on a thick blood smear, which is viewed under oil immersion.
- Blood smear should be spread just thin enough to read newsprint through it.
- *In general, >1 troph per oil immersion field = P. falciparum.*

- P. falciparum = >250K parasites/microL (Parasitizes *all* ages of RBCs)
- P. vivax/ovale = < 50K/microL (Parasitizes young RBCs)
- P. malariae = < 10K/microL (Parasitizes old RBCs)

# Quinolone precautions

- QTc >/= 500 (risk of torsades de pointe)
- Peripheral vascular disease or sequelae, esp aortic aneurysm
  - At risk for aneurysm rupture
- Tendon rupture, esp age >60/immunosuppression
- Hypoglycemia, esp moxifloxacin
- Peripheral neuropathy, CNS effects
- Exacerbation of myasthenia gravis
- Bound by PO resins/minerals/antacids