



## CANDIDURIA

### GENERAL STATEMENTS:

- Asymptomatic candiduria should not be treated
- Catheter change is recommended
- Echinocandins, voriconazole, and lipid-amphotericin B are **NOT** recommended due to poor penetration into the urinary tract
- Persistent candiduria – consider ID consultation

### INDICATIONS FOR TREATMENT:

- Patients with symptomatic *Candida* UTI (dysuria, frequency, S-P tenderness, CVA tenderness, fever, increased WBC)
- Neutropenic patients with candiduria
- Infants with low birth weight with candiduria
- Urinary obstruction or abnormal GU tract/urinary tract hardware (urostomy tubes/stents) with candiduria if about to undergo GU instrumentation
- Candiduria prior to urological procedures

Clinical Setting	Primary Therapy	Alternative Therapy§		
Candiduria	<b>Adult</b> Fluconazole 400 mg x1 day then 200 mg PO <sup>1</sup> daily for 14 days	<b>Adult</b> Amphotericin B 0.3-1 mg/kg per day for 1-7 days  <b>Pediatric</b> Amphotericin B 0.5-1 mg/kg per day for 1-7 days		
	<b>Pediatric/Neonatal Treatment</b> Fluconazole PO/IV <sup>1</sup> for 14 days (see dosing table below)			
	<b>Patient Age</b>		<b>Dose (mg/kg/dose)</b>	<b>Frequency</b>
	≤29 weeks gestation, 0-14 days		6	Q72 hrs
	≤29 weeks gestation, >14 days		6	Q48 hrs
	30-36 weeks gestation, 0-14 days		3-6	Q48 hrs
	30-36 weeks gestation, >14 days		3-6	Q24 hrs
Full term neonates (>36 weeks), infants and children	3-6	Q24 hrs		

1. PO therapy should be primary therapy; use IV if poor absorption, patient unable to tolerate oral.

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Revision History:	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider's professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.