

Fluconazole Prophylaxis for Infants with Birth Weight < 800 g

Fungal infections are an infrequent but very serious form of late-onset infection among premature infants. Extremely low-birth weight; central venous lines; and prolonged exposure to antibiotics; are all risk factors for the development of invasive fungal infection.

As part of our comprehensive NICU Infection Control program, fluconazole prophylaxis should be administered to infants if they meet the following criteria:

- Birth weight < 800 g and Gestational Age at birth < 30 weeks
- Postnatal age < 42 days
- Antibiotic treatment for > 48 hours

EXCLUSIONS: Infants with significant renal impairment (creatinine > 1.3 mg/dl) OR hepatic disease (ALT or AST > 150) should not be treated with fluconazole prophylaxis until these abnormalities resolve.

DOSING: Begin fluconazole prophylaxis as soon as the decision is made to treat infant with antibiotics for > 48 hours. Continue fluconazole prophylaxis until 42 days of age. The dose and schedule is the same for the entire 42 days.

- Fluconazole 6 mg/kg qTuesday/Friday (twice per week)

NOTE:

- Fluconazole can be given IV or PG. The dose is the same whether given IV or PG. Central lines and peripheral IV's SHOULD NOT be maintained simply to administer fluconazole prophylaxis.
- Serum creatinine and liver function tests (ALT, AST and bilirubin) should be before fluconazole prophylaxis is started; and obtained weekly thereafter while infant is receiving fluconazole prophylaxis.