Update in Pediatric Infectious Disease Guidelines 2016

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Guidelines/Recommendation

Practice Guideline for the Management of Candidiasis: 2016 (Clin Infect Dis 2016; 62: 409-417)	**มีข้อจำกัดในการใช้ในประเทศไทย**
Use of Procalcitonin Assays to Predict Serious Bacterial Infection in Young Febrile Infants (JAMA Pediatr 2016 ;170:62-9)	
Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016 (Crit Care Med 2017;45:486-552)	ไม่มีข้อจำกัด
Childhood skin and soft tissue infections: new discoveries and guidelines regarding the management of bacterial soft tissue infections, molluscum contagiosum, and warts. (Curr Opin Pediatr 2016;28:250-7)	
Antibiotic duration and timing of the switch from intravenous to oral route for bacterial infections in children: systematic review and guidelines (Lancet Infect Dis 2016;16:e139-52)	
2017 Infectious Diseases Society of America's Clinical Practice Guidelines for Healthcare-Associated Ventriculitis and Meningitis. (Clin Infect Dis 2017 Feb 14. doi: 10.1093/cid/ciw861)	

Candidemia

Nonneutropenic	Nonneutropenic
Echinocandin Lipid AmB (3–5 mg/kg daily): alternative	Same
Fluconazole: 1) not critically ill 2) had no prior azole exposure	Same
Dilated ophthalmological examination within the first week after diagnosis	within the first week after recovery from neutropenia
Follow-up blood cultures every day or every other day to establish the time point at which candidemia has been cleared	Same
Duration of therapy is 2 weeks after documented clearance of *Candida* from the bloodstream	Same
SOURCES; CRBSI: remove CVC	GI

Clin Infect Dis 2016; 62: 409-417

Candidemia in Neonatal Candidiasis

Recommendations	Levels
AmB deoxycholate, 1 mg/kg daily Fluconazole, 12 mg/kg in patients who have not been on fluconazole prophylaxis	*strong; moderate-quality*
Lipid formulation AmB, 3–5 mg/kg daily, is an alternative, but should be used with caution, particularly in UTI	*Weak; low-quality*
Echinocandins should be used with caution and generally limited to salvage therapy	*Weak; low-quality*
LP and a dilated retinal examination are recommended if cultures positive for *Candida* spp from blood and/or urine	*strong; low-quality*
CT or ultrasound imaging of the genitourinary tract, liver, and spleen should be performed if blood cultures are persistently positive for *Candida* spp	*strong; low-quality*

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Prophylaxis in the NICU Setting

Recommendations	Levels
In nurseries with high rates (>10%) of invasive candidiasis, intravenous or oral fluconazole prophylaxis, 3–6 mg/kg twice weekly for 6 weeks, in neonates with birth weights <1000 g is recommended	*strong; high-quality*
Oral nystatin, 100 000 units 3 times daily for 6 weeks, is an alternative to fluconazole in neonates with birth weights <1500 g in situations in which availability or resistance preclude the use of fluconazole	*Weak; low-quality*

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