

# Immunocompromised Patients

## Antimicrobials

**Initial antimicrobial therapy** for immunocompromised patients includes:

- Cefepime (PCN or cephalosporin allergy, substitute ciprofloxacin)
- Vancomycin
- Gentamicin

## Antifungal coverage

Caspofungin should be considered for patients with CVL AND 2 or more of the following:

- > 3 days of broad spectrum antibiotic therapy in the prior 2 weeks (including cefepime, vancomycin, piperacillin/tazobactam, imipenem, meropenem)
- TPN
- Malignancy

## Antivirals

In the presence of confirmed viral source of infection, antiviral therapy should be discussed with both Infectious Disease consultant and the consulting team that primarily follows the patient (Oncology, Immunology, Solid Organ Transplant service, etc.).

## Other therapies to support the immune response

Discuss use of G-CSF, GM-CSF1-3, or granulocyte infusion<sup>4</sup> in leukopenic patients and IVIG therapy in patients with low IgG levels with the consulting team that follows the patient (Oncology, Immunology, Solid Organ Transplant service, etc.) with careful attention to the unique aspects of the patient in question. There is insufficient evidence to make broad recommendations for these therapies.

### References:

1. Liang. *Pediatr Drugs* 2003; 5:673-684
2. Meisel, et al. *Am J Respir Crit Care Med* 2009; 180:640-648
3. Stephens, et al. *Crit Care Med* 2008; 36:448-454
4. Grigull, et al. *Support Care Cancer* 2006; 14:910-916

*These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.*

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