

In infants <1kg with a central line who are not suspected to have a systemic fungal infection, prophylaxis may be considered on a case by case basis if:

- 10 or more days of treatment with 3rd generation cephalosporin (cefotaxime, ceftazidime, ceftizoxime and cefoperazone)
- Treatment with carbapenem (meropenem)
- Suspected fungal rash being treated topically with nystatin (located in creases near line insertion sites, not just in diaper area)

The drug of choice should fungal prophylaxis be considered is IV fluconazole per the Neofax prophylactic dosing regimen. Both oral fluconazole and nystatin decolonize the gut well but are less effective systemically and are associated with higher incidence of NEC (speculated to be associated with higher sucrose content and osmolality) (Lollis & Bradshaw 2014, Kaufman & Manzoni 2010).