Malaria Treatment Algorithm for Adults

Patient with positive malaria blood smear OR history of recent possible exposure and no other recognized pathology

Does the pt have SEVERE malaria meeting one or more of the following criteria?

- Impaired consciousness/coma
- Severe normocytic anemia
- Renal failure
- Pulmonary edema
- Acute respiratory distress syndrome
- Circulatory shock
- Disseminated intravascular coagulation
- Spontaneous bleeding
- Acidosis
- Hemoglobinuria
- Jaundice
- Convulsions
- Parasitemia of > 5%

NO

Infectious disease consult recommended for all suspected malaria cases

YES

Coartem™ (Artemether-lumefantrine)

1 tablet = 20 mg artemether and 120 mg lumefantrine
3 days of treatment with total of 6 doses:
  - Dose 1, Dose 2 (8 hours after Dose 1), Dose 3-6 (1 dose PO BID for 2 days)

DOSING:
- 5 - <15 kg: 1 tabs per dose
- 15 - <25kg: 2 tabs per dose
- 25 - <35: 3 tabs per dose
- ≥ 35kg: 4 tabs per dose

Quinidine gluconate* + Doxycycline hyclate
*Telemetry monitoring required for administration

Quinidine gluconate (note: dosage in terms of SALT)
- 10 mg/kg loading dose IV over 1-2 hrs followed by 0.02 mg/kg/min CI X at least 24 hours
  OR
- 24 mg/kg loading dose IV over 4 hours followed by 12 mg/kg infused over 4 hours every 8 hours starting 8 hours after loading dose

Doxycycline hyclate:\n- 100 mg PO/IV every 12 hours
  **Until parasitemia <1% and pt can tolerate orals**
  AND
  Call CDC malaria hotline for artesunate eligibility

1For pregnant patients or drug allergy, doxycycline may be substituted with clindamycin 900mg IV every 8 hrs

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