Doctor discussion guide for patients and caregivers

IF YOU ARE AT RISK FOR AN INVASIVE FUNGAL INFECTION

Questions you may wish to ask your doctors

Information to tell your doctors

Medication tracker

Care team contact information

Emergency contact information
Information to tell your doctors

Unfortunately, you (or your loved one) are at risk for an invasive fungal infection (IFI). Your doctors may have already explained why you are at risk. They may have explained that you are at risk of other types of infections too.

Many infections show similar signs at the start. So, it’s important to tell your doctors right away if you have any of the following signs of infection.

- Fever of 100.5°F (38°C) or higher or chills
- Cough or sore throat
- Diarrhea
- Ear pain
- Headache or sinus pain
- Stiff or sore neck
- Skin rash
- Any other signs of infection

Sores or a white coating in your mouth or on your tongue
- Swelling or redness, especially where a catheter enters your body
- Bloody or cloudy urine
- Pain or burning when you urinate

Explain when your symptoms first appeared or started to get worse.

Tell your doctor about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. This is especially important if you have been taking medicines for prophylaxis, which are medicines to help prevent IFI or other infections. Complete and refer to the Medication Tracker in this brochure.

You should also talk to the doctor prescribing the antifungal medicine if you are thinking about starting any over-the-counter medicines or if you are prescribed any other new prescription medicines by other doctors. They can affect how your prescription medicines work. It’s important not to make any changes to any of your medicines without first talking with your doctors.
Questions you may wish to ask your doctors

You may have a lot of questions for your doctors. But, it can be hard to remember all of your questions when you see a doctor. Here are some questions you (or a caregiver) may want to ask.

Why am I at risk for infection? Why am I at risk for infection from a fungus?

How will you know I have an IFI?

What tests did you or will you use to check for IFI?

What might an IFI mean for my family and me?

What kind of treatment will I get for IFI?
Questions you may wish to ask your doctors (cont’d)

Do I have to stay in the hospital if I have an IFI?

If I will be taking an antifungal medicine, what should I know about it?

How will you know if I am better?

What can I do to help reduce my risk of an IFI?

Where can I get more information about IFI?
Questions you may wish to ask your doctors (cont’d)

Other questions:
Use these pages to help keep track of the medicines you (or your loved one) are taking.

IT IS IMPORTANT TO TAKE MEDICATIONS AS PRESCRIBED BY YOUR DOCTOR. BE SURE TO FOLLOW SPECIFIC DOSING SCHEDULES AND DIRECTIONS, INCLUDING WHETHER OR NOT YOU SHOULD BE TAKING YOUR MEDICATIONS WITH OR WITHOUT FOOD. CHECK WITH YOUR DOCTOR OR PHARMACIST IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATIONS.

Medication: ________________________________
How Much to Take: ________________________________
How Often to Take it: ________________________________
When to Take it: ________________________________
Who Prescribed it: ________________________________
Prescriber’s Phone #: ________________________________
Other Notes: ________________________________________

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Medication tracker (cont’d)

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Emergency contact information

Use this page to help keep track of the contact information of whom you (or your loved one) would contact in case of an emergency.

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Care team contact information

Use this page to help keep track of the contact information of whom you (or your loved one) can contact if you have questions about your care or therapy.

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Antifungal medicine—A medicine that fights a fungus infecting the body. The medicine prescribed depends on the specific type of fungal infection.

Aspergillosis—An infection caused by the fungus Aspergillus, which is a type of mold. This infection usually starts in the lungs.

Aspergillus—A mold that can infect the lungs, sinuses, or other organs in people with a weak immune system. It is one of two types of fungi that most often cause an invasive fungal infection.

Candida—A yeast that can infect the bloodstream or body organs in people with a weak immune system. It is one of two types of fungi that most often cause an invasive fungal infection.

Candidemia—An infection in the blood caused by the fungus Candida, which is a yeast.

Candidiasis—A general term for an infection by the yeast Candida anywhere on the skin or in the body.

Central venous catheter—A tube that is inserted into one of the body’s central veins to give fluids or medicines.

Computerized tomography (CT) scan (also called CAT scan)—A type of imaging test that may be used to check for infection of the lungs, head, or other body areas. It provides more information than an x-ray.

Culture—A test that is used to see if any bacteria or fungi are in the body. A sample of blood or other body tissue is placed in a special dish to see what grows in the dish.

Drug interactions—Negative or positive effects that one drug has on another drug in the body. Doctors typically pay close attention to how different drugs react to each other. Some of these reactions can make treatment less effective or cause side effects.

Fungal infection—An infection that happens when a fungus gets into the body and makes a person sick. Many types of fungal infection are not serious, but some types can be very dangerous.

Fungi (plural of Fungus)—From mushrooms to mold to baker’s yeast, fungi are all around you. They live in the air, soil, plants, water, and even the human body. Most fungi are harmless. But some fungi can cause usually minor infections like athlete’s foot. In people who are already sick or have a weak immune system, some fungi can cause very serious infections.

Imaging test—A test such as an x-ray or computerized tomography (CT) scan that looks at what is happening inside your body. Doctors often use imaging tests to check for infection and/or see if a treatment is working.

Infectious disease (ID) specialist—A doctor who has had special training to learn how to care for people with different kinds of infections. He or she is likely to be very involved in the diagnosis and treatment of IFI.

Intravenous (IV) medicine—A medicine that is given as a liquid into a vein. Many people who get an IFI will receive IV medicine for at least some of their treatment.
Invasive fungal infection (IFI)—A term that is usually used to refer to a type of fungal infection where the fungus spreads inside the blood or to body organs, causing serious illness.

Invasive mold infection—A type of invasive fungal infection caused by a mold such as Aspergillus.

Microbiologist—A medical expert who looks at blood and tissue samples taken from patients to see if they have an infection, and if so, what type. Also see Pathologist.

Microscopy—The act of looking at a blood or tissue sample under a microscope, to see if a patient has an infection, and if so, what type.

Mold—A type of fungus that can be found in many places, from shower tile to damp basements to old bread. It is normally harmless to healthy people, but can cause serious infection in people with a weak immune system.

Mucorales—A group of molds that are rare but can sometimes cause very serious infections.

Mucormycosis—A rare type of invasive mold infection that is very serious and can be very hard to treat.

Opportunistic infection—An infection that typically only happens to people who are very sick or who have a weakened immune system. Opportunistic infections can spread quickly throughout the body.

Oral medicine—A medicine that is taken by mouth, such as by swallowing a pill. Many people who need antifungal medicine are able to take it in pill form.

Pathologist—A medical expert who looks at blood and tissue samples taken from patients to identify disease. Not specific to infection. Also see Microbiologist.

Prophylaxis—Prevention. Specific to IFI, prophylaxis is the giving of antifungal medicine to someone who does not yet have a fungal infection. The idea is to try to prevent an IFI in someone who is at risk of getting one.

Radiologist—A doctor who helps identify and treat disease by looking at the results of imaging tests such as x-rays and computerized tomography (CT) scans.

Spores—Specific to IFI, tiny pieces of a fungus that break off and can travel through the air. When breathed in, spores can cause infection in people who are very sick or have a weak immune system.

Systemic antifungal medicine—A medicine that is taken into the body in pill or intravenous (IV) form to help fight an IFI. This is different from antifungal ointments and sprays that are used for generally less serious fungal infections, such as athlete’s foot and vaginal yeast infection.

Yeast—A common type of fungus. Yeast can be harmless and even helpful, like baker’s yeast. But yeast can also cause infections. Some of these infections are not serious. But in people who are sick or have a weak immune system, the yeast Candida can cause serious infection.
Please also read the Information for You and Your Family brochure available at www.myIFIweb.com