Diagnostic and Management Algorithm of Malaria due to **Non-Plasmodium Falciparum Species** Repeat blood Obtain thick and thin blood smears smears X 3 Q 12 or Q24 hours -If negative, Is the blood smear positive? NO YES consider different diagnosis -If positive, **Evaluate severity of the disease** follow algorithm • Impaired Consciousness/coma • Spontaneous bleeding If patient has a positive blood • Hemoglobin <7 (consider · Acidosis (severe disease with HCO3 smear or high hemoconcentration) suspicious for · Renal failure • Hemoglobinuria malaria PLUS ≥1 of Pulmonary edema Jaundice these sx = SEVERE• Acute respiratory distress syndrome • Repeated generalized convulsions MALARIA • Parasitemia ≥5 % • Hypotension • Disseminated intravascular coagulation NO Plasmodium falciparum YES or not yet identified species Severe Malaria and/or **Uncomplicated** Determine plasmodium species patient is unable to take Malaria oral medication Please, see algorithm for plasmodium falciparum *if IV artesunate is needed, immediately contact the CDC Non-falciparum species through Montefiore ID pharmacist Admit to the ICU P. ovale or P. vivax P. vivax (acquired in Papua P. malariae (acquired outside Papua New Guinea or Indonesia) P.knowlesi **New Guinea or Indonesia** Chloroquine Chloroquine Quinine PLUS doxycycline Chloroquine <u>Or</u> **PLUS** <u>Or</u> <u>Or</u> Hydroxychloroquine Hydroxychloroquine Hydroxychloroquine Primaquine **PLUS** Primaquine *Primaquine if not G6PD deficient and patient is not pregnant *Primaquine if not G6PD deficient and patient is not pregnant Updated 2019 -Repeat blood smears Q 8 hours until prove parasitic clearance in severe disease and Q 12 hours in mild disease **Montefiore** -Check CBC, chem, LFTs, LDH every 6 hours for first 12 hours or until clinically stable