

# Miconazole

## 2% (20mg/1g) cream, 2% (20mg/1mL) oral gel

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### Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

## Dose and Indications

### Cutaneous candidiasis

#### Topical cream

Apply a thin layer to affected area(s) twice daily

Continue treatment for 2 weeks after symptoms resolve. Length of course depends on the infection and response to treatment.

### Oral candidiasis

#### Oral gel

Apply 1.25mL to the inside of the mouth FOUR times a day, after feeding

A 7-to-14-day treatment course is recommended. Continue treatment for 7 days after symptom resolution.

***The SA Neonatal Medication Working Group do not recommend oral gel as first line therapy due to potential choking risk. Consider nystatin oral liquid in preference where appropriate.***

## Preparation and Administration

### Topical cream

Apply a thin layer to affected area(s) and surrounding area, preferably after a nappy change. Avoid contact with eyes and mucous membranes.

### Oral gel

Do NOT use spoon to administer the dose.

Administer the gel with a gloved/clean finger by smearing the dose in small amounts gently onto the affected area of the cheek and gums, keeping to the front of the mouth to avoid choking. Ensure any excess is removed from the mouth.



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## Adverse Effects

Azole antifungals are generally well tolerated

### Common

Oromucosal use: Dry mouth, nausea, vomiting

### Infrequent

Topical use: Itch, burning, stinging or erythema

### Uncommon

Skin reactions

### Frequency not known

Angiodema

Oromucosal use: choking, diarrhoea, hepatitis, tongue discoloration

## Practice Points

- > The manufacture of miconazole oral gel (Daktarin®) contraindicates use in infants less than 6 months, however in practice it is used in this age group with appropriate precautions to reduce the risk of choking (see administration section).
- > For outpatient or discharge prescribing of miconazole oral gel, unsure parents/caregivers are aware of safe administration of oral gel to baby.

## Document Ownership & History

<b>Developed by:</b>	SA Maternal, Neonatal & Gynaecology Community of Practice
<b>Contact:</b>	<a href="mailto:Health.NeoMed@sa.gov.au">Health.NeoMed@sa.gov.au</a>
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Approval Date	Version	Who approved New/Revised Version	Reason for Change
17/05/2023	V1.1	Domain Custodian, Clinical Governance, Safety and Quality	Addition of oral gel
17/09/2020	V1	Lynne Cowan, Deputy CE, Commissioning and Performance, SA Department for Health and Wellbeing	Original Commissioning and Performance approved guideline

