

nystatin

100 000units/mL oral drops, 100 000units/g topical

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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

Treatment of local candida infections of the skin, mucous membranes and intestinal tract

Oral drops

100 000 units (1mL) four times a day

Continue treatment for three days after symptoms subside

Topical cream

Apply liberally to the affected area three times a day

Continue treatment for at least three days after symptoms subside



Prophylaxis for systemic fungal infections

Anti-fungal prophylaxis with nystatin should be considered for eligible patients meeting one of the following criteria AND tolerating feeds of at least 1mL every 2 hours;

- > Preterm neonates less than 1000g at birth with a central line
- > Preterm Neonates 1000-1500g at birth and on prolonged antibiotic therapy
- > Neonates with necrotising enterocolitis

Neonates with surgical gastro intestinal conditions such as gastroschisis, intestinal atresia with anticipated need for prolonged parenteral nutrition. Discontinue prophylaxis when central or arterial line is removed.

When the neonate is nil by mouth, IV fluconazole can be used as the fungal prophylactic agent

Oral drops

Prophylaxis: 100 000units (1mL) three times a day.

Preparation and Administration**Oral drops**

Treatment: Give oral doses after feeds to maximise retention in the mouth. Administer the dose into each cheek and spread into recesses in mouth.

Part of dose can be administered through oro/nasogastric where applicable.

Prophylaxis: Coat oral cavity with 0.5mL of nystatin using a cotton bud and give 0.5mL through oro/nasogastric tube.

Topical cream

Apply liberally to the affected area.

Adverse Effects**Oral drops**Common

Vomiting and diarrhoea (more severe with large doses)

Rare

Rash, urticaria, allergy

Topical creamRare

Local irritation and sensitization (e.g. rash, dermatitis, pruritis, burning)



Monitoring

- > Assess response

Practice Points

- > When oral infection is accompanied by candidiasis of the skin, nasal or rectal mucosa, these should be treated concurrently with topical nystatin
- > If a pacifier is used by the infant, consider changing daily to avoid re-infection
- > If breastfeeding, mother's nipples may be treated with Miconazole oral gel concurrently to avoid re-infection
- > Nystatin oral drops are first line therapy for oral thrush in infants younger than SIX months. Miconazole oral gel should be avoided unless:
 - Other therapies (eg nystatin) have failed
 - Parents and staff are made aware of the risk of choking if excess gel is placed in the mouth

References

1. Long S, Stevenson D. Reducing Candida infections during neonatal intensive care: management choices, infection control. [http://www.jpeds.com/article/S0022-3476\(05\)00341-0/abstractand fluconazoleprophylaxis](http://www.jpeds.com/article/S0022-3476(05)00341-0/abstractand%20fluconazoleprophylaxis). *J.Pediatrics* 2005; 147: 135-41.



Document Ownership & History

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Approval Date	Version	Who approved New/Revised Version	Reason for Change
2/3/18	V3	SA Safety and Quality Strategic Governance Committee	Formally reviewed in line with 5 year scheduled timeline for review.
8/10/13	V2	SA Safety and Quality Strategic Governance Committee	Formally reviewed in line with dosing changes
1/11/12	V1	SA Maternal & Neonatal Clinical Network	Original SA Maternal, Neonatal & Gynaecology Community of Practice approved version.

