


# NYSTATIN

<b>Indication</b>	<ul style="list-style-type: none"> <li>• Treatment of candida infection of oral cavity<sup>1,2</sup></li> <li>• Prophylaxis against invasive candida infection<sup>3-6</sup> (in combination with a topical antifungal) in at risk infants (at SMO discretion) <ul style="list-style-type: none"> <li>○ Refer to special considerations</li> </ul> </li> </ul>
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<b>ORAL</b>	<b>Presentation</b>	• Oral solution: 100,000 units in 1 mL			
	<b>Dosage</b>	<b>Indication</b>	Dose	Frequency	
		Prophylaxis <sup>5,7</sup>	1 mL	every 8 hours	
		Treatment <sup>7</sup>	1 mL	every 6 hours	
	<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Shake bottle well and use undiluted<sup>7</sup></li> <li>• Draw up prescribed dose into oral/enteral syringe</li> </ul>			
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Give after feeds<sup>1</sup> (or avoid feeding 5–10 minutes after administration<sup>7</sup>)</li> <li>• Soak a swab stick and paint inside of mouth<sup>7</sup></li> <li>• If can suck/swallow, administer any remaining solution slowly into mouth</li> </ul>				

<b>Special considerations</b>	<ul style="list-style-type: none"> <li>• Duration of course dependent on indication and response to treatment<sup>1</sup> <ul style="list-style-type: none"> <li>○ Prophylaxis: continue for 48 hours after line removal<sup>7</sup></li> <li>○ Treatment: continue for 48 hours after resolution of infection/symptoms<sup>8</sup></li> </ul> </li> <li>• Symptomatic improvement usually occurs within 24–72 hours after starting treatment</li> <li>• If signs and symptoms worsen or persist, re-evaluate and consider alternate therapy<sup>2</sup></li> <li>• Critically ill neonates are at significant risk for invasive <i>Candida</i> infections<sup>9-13</sup> <ul style="list-style-type: none"> <li>○ Risk increased by use of indwelling devices, broad-spectrum antibiotics, PN, corticosteroids, GIT surgery, and/or history of fungal colonisation</li> <li>○ Infants 1500 g or less are at highest risk</li> </ul> </li> <li>• If breastfeeding, discuss symptoms and treatment of nipples with mother</li> </ul>
<b>Monitoring</b>	• Nil
<b>Compatibility</b>	• Nil known
<b>Incompatibility</b>	• Nil known
<b>Interactions</b>	• Nil significant
<b>Stability</b>	<ul style="list-style-type: none"> <li>• Store at room temperature below 25 °C<sup>2</sup></li> <li>• Discard according to manufacturer expiry date or as per local policy</li> </ul>
<b>Side effects</b>	<ul style="list-style-type: none"> <li>• Generally well tolerated</li> <li>• Integumentary: (very rare) rash<sup>8</sup>, including urticaria, Stevens-Johnson syndrome<sup>8</sup>, hypersensitivity<sup>8</sup> angioedema<sup>8</sup>, including facial oedema<sup>8</sup></li> </ul>
<b>Actions</b>	<ul style="list-style-type: none"> <li>• A polyene antifungal antibiotic active against yeast and yeast like fungi<sup>2</sup></li> <li>• Binds to sterols in the fungal cell membrane, resulting in increased permeability which facilitates leakage of fungal cell contents<sup>7</sup></li> <li>• Poorly absorbed from the gastrointestinal tract after oral administration<sup>7</sup></li> </ul>
<b>Abbreviations</b>	GIT: gastrointestinal NGT: nasogastric, OGT: orogastric, PN: parenteral nutrition, SMO: most senior medical officer
<b>Keywords</b>	neonatal medicine, neonatal monograph, nystatin, nilstat, antifungal, yeast, candida, thrush, candida infection

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

## References

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## Document history

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