South Australian Neonatal Medication Guidelines

nystatin

100 000 units/mL mixture, topical

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Dose and Indications

Local treatment of candida infections of the skin, mucous membranes and intestinal tract

Oral

100 000 units (1mL) four times a day

Continue treatment for three days after symptoms subside

Topical

Apply to the affected area three times a day

Continue treatment for at least three days after symptoms subside

Prophylaxis for neonates in NICU weighing less than 1.5kg and not receiving full enteral feeds

Oral

50,000 units (0.5mL) four times a day divided between mouth and nasogastric tube

Preparation and Administration

Oral

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

Topical

Apply liberally to the affected area.

Adverse Effects

Rare

Irritation, allergy, vomiting, diarrhoea

Monitoring

> Assess response



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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 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 or of the contraindication and informed of the risk of choking

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version

