

# Nystatin

## 100 000units/mL oral drops

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.

**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.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

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

### 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.

# Nystatin

## 100 000units/mL oral drops

### 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.

### Adverse Effects

#### Common

Vomiting and diarrhoea (more severe with large doses)

#### Rare

Rash, urticaria, allergy

### 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 antifungal (e.g. miconazole)
- > 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

- > 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.



# Nystatin

## 100 000units/mL oral drops

### Document Ownership & History

**Developed by:** SA Maternal, Neonatal & Gynaecology Community of Practice  
**Contact:** [Health.NeoMed@sa.gov.au](mailto:Health.NeoMed@sa.gov.au)  
**Endorsed by:** Commissioning and Performance, SA Health  
**Next review due:** 2/03/23  
**ISBN number:** 978-1-74243-887-0  
**PDS reference:** CG106  
**Policy history:** Is this a new policy (V1)? **N**  
 Does this policy amend or update an existing policy? **Y**  
 If so, which version? V3  
 Does this policy replace another policy with a different title? **N**  
 If so, which policy (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
9/04/21	V3.1	Deputy CE, Commissioning and Performance, SA Department for Health and Wellbeing	Removal of nystatin cream (discontinued product)
2/3/18	V3	SA Maternal, Neonatal & Gynaecology Community of Practice	Formally reviewed in line with 5 year scheduled timeline for review.
8/10/13	V2	SA Maternal, Neonatal & Gynaecology Community of Practice	Formally reviewed in line with dosing changes
1/11/12	V1	SA Maternal, Neonatal & Gynaecology Community of Practice	Original SA Maternal, Neonatal & Gynaecology Community of Practice approved version.

