econazole (ee-kon-a-zole)

**Classification**
- Therapeutic: antifungals (topical)
- Pregnancy Category: C

**Indications**
- **Cream:** Treatment of a variety of cutaneous fungal infections, including cutaneous candidiasis, tinea pedis (athlete’s foot), tinea cruris (jock itch), tinea corporis (ringworm), and tinea versicolor.
- **Foam:** Treatment of interdigital tinea pedis.

**Action**
- Affects the permeability of the fungal cell wall, allowing leakage of cellular contents.

**Therapeutic Effects:** Decrease in symptoms of fungal infection.

**Pharmacokinetics**
- **Absorption:** Absorption through intact skin is minimal.
- **Distribution:** Distribution after topical administration is primarily local.
- **Metabolism and Excretion:** Metabolism in the liver and 1% excreted in the urine and feces.
- **Half-life:** Not applicable.

**TIME/ACTION PROFILE**
- **ROUTE**
  - Top: unknown
  - **ONSET**
  - **PEAK**
  - **DURATION**
  - Unknown

**Contraindications/Precautions**
- Contraindicated in:
  - Hypersensitivity to active ingredients, additives, preservatives, or bases.

**Use Cautiously in:**
- Nail and scalp infections (may require additional systemic therapy);
- OB, Lactation: Safety not established.

**Adverse Reactions/Side Effects**
- **Local:** burning, itching, local hypersensitivity reactions, redness, stinging.

**Interactions**
- **Drug-Drug:** Not known.

**Route/Dosage**
- **Topical (Adults and Children):** Apply once daily in patients with tinea pedis (for 1 mo), tinea cruris (for 2 wk), tinea corporis (for 2 wk), and tinea versicolor (for 2 wk).

**NURSING IMPLICATIONS**

**Assessment**
- Inspect involved areas of skin and mucous membranes before and frequently during therapy. Increased skin irritation may indicate need to discontinue medication.

**Potential Nursing Diagnoses**
- Risk for impaired skin integrity (Indications)
- Risk for infection (Indications)

**Implementation**
- Consult health care professional for proper cleansing technique before applying medication.
- Topical: Apply small amount to cover affected area completely. Avoid the use of occlusive wrappings or dressings unless directed by health care professional.

**Patient/Family Teaching**
- Instruct patient to apply medication as directed for full course of therapy, even if feeling better. Emphasize the importance of avoiding the eyes.
- Caution patient that some products may stain fabric, skin, or hair. Check label information. Fabrics stained from cream can usually be cleaned by handwashing with soap and warm water.
- Patients with athlete’s foot should be taught to wear well-fitting, ventilated shoes, to wash affected areas thoroughly, and to change shoes and socks at least once a day.
- Advise patient to report increased skin irritation or lack of response to therapy to health care professional.
- Advise female patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.
- Advise patient that early relief of symptoms may be seen in 2–3 days. For Candida, tinea cruris, tinea corporis, and tinea versicolor, 2 wk are needed, and for
Why was this drug prescribed for your patient?