miconazole (topical)  (mye-kon-a-zole)  

Fungaid, Lotrimin AF, Micatin, Micracle, Zeasorb-AF  

Classification  

Therapeutic: antifungals (topical)  

Pregnancy Category C  

Indications  

Treatment of a variety of cutaneous fungal infections, including tinea pedis (athlete's foot), tinea cruris (jock itch), tinea corporis (ringworm).  

Action  

Affects the synthesis 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: Systemic metabolism and excretion not known following local application.  

Half-life: Not applicable.  

TIME/ACTION PROFILE  

ROUTE ONSET PEAK DURATION  

Top: unknown unknown unknown  

Contraindications/Precautions  

Contraindicated in: Hypersensitivity to active ingredients, additives, preservatives, or base; Some products contain alcohol or bisulfites and should be avoided in patients with known intolerance.  

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 ≥ 2 yr): Apply twice daily. Treat patients with tinea cruris for 2 wk and patients with tinea pedis or tinea corporis for 4 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.  

Ointments, creams, and liquids are used as primary therapy. Lotion is usually preferred in intertriginous areas if cream is used, apply sparingly to avoid maceration. Powders are usually used as adjunctive therapy but may be used as primary therapy for mild conditions.  

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 or lotion can usually be cleaned by hand-washing with soap and warm water; stains from ointments can usually be removed with standard cleaning fluids.  

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.
Evaluation/Desired Outcomes
● Decrease in skin irritation and resolution of infection. Early relief of symptoms may be seen in 2–3 days. For tinea cruris and tinea corporis, 2 wk are needed, and for tinea pedis, therapeutic response may take 3–4 wk. Recurrent fungal infections may be a sign of systemic illness.

Why was this drug prescribed for your patient?