### Miconazole (Vaginal) (mee-kon-ah-zole)

**Sinusitis-1, Sinusitis-3, Sinusitis-7, Vaginal-5**

**Classification**
- Antifungals (vaginal)

**Pregnancy Category**
- C

#### Indications

Treatment of vulvovaginal candidiasis.

#### Action

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

Not active against bacteria.

**Therapeutic Effects:** Inhibited growth and death of susceptible *Candida*, with decrease in accompanying symptoms of vulvovaginitis (vaginal burning, itching, discharge).

#### Pharmacokinetics

- **Absorption:** Minimal through intact skin.
- **Distribution:** Unknown. Action is primarily local.
- **Metabolism and Excretion:** Negligible with local application.
- **Half-life:** Not applicable.

#### TIME/ACTION PROFILE

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tr>
<td>Intra</td>
<td>unknown</td>
<td>unknown</td>
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#### Contraindications/Precautions

- **Contraindicated in:** Hypersensitivity to active ingredients, additives, or preservatives.
- **Use Cautiously in:** OB, Lactation: Safety not established.

#### Adverse Reactions/Side Effects

- **GU:** Cramping, itching, vulvovaginal burning.

#### Drug Interactions

- **Drug-Drug:** Concurrent use of vaginal miconazole with warfarin ↑ risk of bleeding (monitoring appropriate; monitoring recommended).

- **Other:** Genitourinary, GI, dermatologic, hematologic, local irritation (discontinue treatment if severe).

#### Nursing Implications

**Assessment**

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

**Potential Nursing Diagnoses**

- Risk for infection (Indications)
- Risk for impaired skin integrity (Indications)

**Implementation**

- Consult physician or other health care professional for proper cleansing technique before applying medication.

**Patient/Family Teaching**

- Instruct patient to apply medication as directed for full course of therapy, even if feeling better. Therapy should be continued during menstrual period.

- Advise patient to avoid using tampons, douches, spermicides, or other vaginal products while using this therapy.

- Instruct patient on proper use of vaginal applicator. Medication should be inserted high within the vagina at bedtime. Instruct patient to remain recumbent for at least 30 min after insertion. Advise use of sanitary napkins to prevent staining of clothing or bedding.

- Advise patient to consult health care professional regarding intercourse during therapy. Vaginal medication may cause minor skin irritation in sexual partner. Advise patient to refrain from sexual contact during therapy. Advise patient that this medication may weaken latex or rubber contraceptive products. Another method of contraception should be used during treatment.

### Route/Dosage

<table>
<thead>
<tr>
<th>Vag (Adults and Children ≥12 yr)</th>
<th>Vaginal Suppositories—One 100-mg suppository at bedtime for 7 days or one 200-mg suppository at bedtime for 5 days or one 1200-mg suppository as a single dose.</th>
<th>Vaginal cream—One applicatorful of 2% cream at bedtime for 7 days or one applicatorful of 4% cream at bedtime for 3 days.</th>
<th>Combination packs—Contain a cream or suppositories as well as an external vaginal cream (may be used twice daily for up to 7 days, as needed, for symptomatic management of itching).</th>
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Advise patient to report to health care professional increased skin irritation or lack of response to therapy. A second course may be necessary if symptoms persist.

Advise patient to dispose of applicator after each use.

Evaluation/Desired Outcomes

Decrease in skin irritation and vaginal discomfort. Therapeutic response is usually seen after 1 wk. Diagnosis should be reconfirmed with smears or cultures before a second course of therapy to rule out other pathogens associated with vulvovaginitis. Recurrent vaginal infections may be a sign of systemic illness.

Why was this drug prescribed for your patient?