**nystatin (topical)** (nye-stat-in)

*Therapeutic Use*

- Antifungal

*Pregnancy Category UK*

- B

**Indications**

- 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.

**Action**

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

**Therapeutic Effects**

- Decreased 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 is negligible with local application.
- **Half-life:** Not applicable.

**TIME/ACTION PROFILE (resolution of symptoms/lesions)**

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<th>ROUTE</th>
<th>ONSET</th>
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**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity to active ingredients, additives, preservatives, or base. Some products contain alcohol or benzyl alcohol 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:** None significant.

**Route/Dosage**

- **Topical (Adults and Children):** Apply cream, ointment, or powder 2–3 times daily until healing is complete.

**NURSING IMPLICATIONS**

**Assessment**

- Monitor 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 and creams are used as primary therapy; 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 (especially for intertrigo).
- 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.
- Instruct 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 emulsions can usually be removed with standard cleaning fluids.
- Instruct patient to avoid wearing tight-fitting clothing or fabric. To wash affected areas thoroughly, and to change clothes and socks at least once a day.
- Advise patient to report increased skin irritation or lack of response to therapy to health care professional.

**Genetic Implication**

- **CAPITALS indicate life-threatening, underline indicate most frequent, strikethrough indicate discontinued.**
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Evaluation/Desired Outcomes

- Decrease in skin irritation and resolution of infection. Early relief of symptoms may be seen in 2–3 days. For Candida, tinea cruris, and tinea corporis, 2 wk are needed, and for tinea pedis, therapeutic response may take 6 wk. Recurrent fungal infections may be a sign of systemic illness.

Why was this drug prescribed for your patient?