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

**Mycostatin, Nadostine, Nilstat, PMS-Nystatin**

**Classification**

Therapeutic: antifungals (topical/local)

**Pregnancy Category B**

For other nystatin dosage forms, see antifungals (topical) and antifungals (vaginal)

**Indications**

Lozenges, oral suspension: Local treatment of oropharyngeal candidiasis. Treatment of intestinal candidiasis.

**Action**

Binds to fungal cell membrane, allowing leakage of cellular contents. Therapeutic Effects: Fungistatic or fungicidal action. Spectrum: Active against most pathogenic Candida species, including *C. albicans*.

**Pharmacokinetics**

Absorption: Poorly absorbed; action is primarily local.

Distribution: Unknown.

Metabolism and Excretion: Excreted unchanged in the feces after oral administration.

Half-life: Unknown.

**TIME/ACTION PROFILE (antifungal effects)**

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<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>Top</td>
<td>rapid</td>
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<td>2 hr†</td>
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†Maintenance of saliva levels required to inhibit growth of *Candida* species after oral dissolution of 2 lozenges.

**Contraindications/Precautions**

- Contraindicated in: Hypersensitivity; Some products may contain ethyl alcohol or benzyl alcohol—avoid use in patients who may be hypersensitive to or intolerant of these additives.

- Use Cautiously in: Denture wearers (dentures require soaking in nystatin suspension); Pedi: Lozenges, pastilles, or troches may pose a choking risk for children <5 yr.

- Pregnancy: Category B

- Lactation:安全

- Children: Safety not established

- Geriatric Patients: Decreased hepatic and renal function may require dosage adjustments.

**Adverse Reactions/Side Effects**

GI: diarrhea, nausea, stomach pain (large doses), vomiting. Derm: contact dermatitis, Stevens-Johnson syndrome.

**Interactions**

- Drug-Drug: None significant.

**Route/Dosage**

**PO (Adults and Children):** 400,000–600,000 units 4 times daily as oral suspension or 200,000–400,000 units 4–5 times daily as pastilles (lozenges).

**PO (Infants):** 100,000 units 3–4 times daily or 100,000 units to each side of the mouth 4 times daily.

**PO (Neonates, Premature, and Low Birth Weight):** 100,000 units 4–6 times daily or 50,000 units to each side of the mouth 4 times a day.

**NURSING IMPLICATIONS**

**Assessment**

- Monitor oral mucous membranes before and frequently throughout therapy. Increased irritation of mucous membranes may indicate need to discontinue medication.

**Potential Nursing Diagnoses**

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

**Implementation**

- **PO:** Suspension should be administered by placing 1/2 of dose in each side of mouth. Patient should hold suspension in mouth or swish throughout mouth for several minutes before swallowing, then gargle and swallow. Use calibrated measuring device for liquid doses. Shake well before administration. *Powder For naso and infant:** paint suspension into recesses of the mouth.

- To prepare oral solution from powder, add 1/8 tsp (approximately 500,000 units) to 120 mL of water and stir well. Prepare immediately before use; contains no preservatives.

- **Lozenges (pastilles):** should be allowed to dissolve slowly and completely in mouth; do not chew or swallow whole. Nystatin vaginal tablets can be administered orally for treatment of oral candidiasis.
Patient/Family Teaching

- Instruct patient to take medication as directed. If dose is missed, take as soon as remembered but not if almost time for next dose. Do not double doses. Therapy should be continued for at least 2 days after symptoms subside.
- Pedi: Instruct parents or caregivers of infants and children on correct dose and administration. Remind them to use only the measuring device dispensed with the product.
- Advise patient to report increased irritation of mucous membranes or lack of therapeutic response to health care professional.

Evaluation/Desired Outcomes

- Decrease in stomatitis.
- To prevent relapse after oral therapy, therapy should be continued for 48 hr after symptoms have disappeared and cultures are negative.
- Therapy for a period of 2 wk is usually sufficient, but more prolonged therapy may be necessary.

Why was this drug prescribed for your patient?