**tolnaftate** (tol-naff-tate)

Lamisil AF, Pitrex, Tinactin, Ting, Tolnaftate-D

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**Classification**

Therapeutic: antifungals (topical)

**Pregnancy Category** C

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**Indications**

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

**Action**

Distorts the mycelium and stunts mycelial growth in fungi.

**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**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical</td>
<td>24–72 hr</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity to active ingredients, additives, preservatives, or base. Some products contain 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.

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**Interactions**

**Drug-Drug:** Not known.

**Route/Dosage**

**Topical (Adults and Children ≥2 yr):** Apply twice daily for up to 2 wk for tinea cruris and for up to 4 wk for tinea pedis or tinea corporis.

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**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.

**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 creams 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.

**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 4 wk. Recurrent fungal infections may be a sign of systemic illness.