

**NYSTATIN**

<b>Trade Name</b>	Nilstat Oral Drops (Sigma)
<b>Class</b>	Non absorbed antifungal
<b>Mechanism of Action</b>	Binds to sterols in the fungal cell membrane, changing cell wall permeability and causing leakage of cell contents.
<b>Indications</b>	<p><b>Indication 1:</b> Treatment of oral candidiasis</p> <p><b>Indication 2:</b> Prophylaxis for all infants &lt;30 weeks</p> <p><b>Indication 3:</b> Prophylaxis for infants 30-32 weeks if colonised with yeast</p> <p><b>Indication 4:</b> Prophylaxis for all infants on prolonged courses of antibiotics &gt;7 days</p> <p><b>Indication 5:</b> Prophylaxis for infants receiving postnatal steroids</p> <p><b>Indication 6:</b> Prophylaxis for surgical infants when long term central access is anticipated eg: gastroschisis</p>
<b>Contraindications</b>	<p>History of allergy to nystatin or other components</p> <p>When NBM for NEC, ileus, or other intestinal pathology, use IV fluconazole instead of nystatin</p>
<b>Supplied As</b>	<b>Oral Suspension:</b> 100,000 unit/mL 24mL bottle (cherry flavoured)
<b>Dilution</b>	Not applicable
<b>Dosage</b>	<b>Oral Suspension:</b> 100,000 unit/mL
<b>Interval</b>	<p><b>Indication 1:</b> 1mL Q6H until 48 hours after symptoms subside</p> <p><b>Indication 2:</b> 0.5mLQ8H from birth until transfer out of Level 3</p> <p><b>Indication 3:</b> 1mL Q8H until transfer out of Level 3</p> <p><b>Indication 4:</b> 1mL Q8H from the start of the antibiotic course until 48 hours after completion</p> <p><b>Indication 5:</b> 1mL Q8H from the start of the steroid course until 48 hours after completion<sup>3</sup></p> <p><b>Indication 6:</b> 1mL Q8H from birth until central access is removed</p>
<b>Administration</b>	<b>Oral:</b> Shake well before use.
<b>Compatible With</b>	No information available
<b>Incompatible With</b>	No interactions known

<b>Monitoring</b>	N/A
<b>Stability</b>	Manufacturers expiry
<b>Storage</b>	Room temperature below 25°C
<b>Adverse Reactions</b>	Rash, local irritation, nausea, vomiting, diarrhoea
<b>Metabolism</b>	Not absorbed through mucous membranes or intact skin Poorly absorbed from the GI tract Excreted in faeces as unchanged drug
<b>Comments</b>	When oral suspension is prescribed for ventilated babies it may be helpful to use a cotton swab to apply a proportion of the dose around the mouth and then administer the remainder down the nasogastric tube.
<b>References</b>	<ol style="list-style-type: none"> <li>1. Frank Shann: "Drug Doses" booklet; 1998 (10<sup>th</sup> Ed.):26.</li> <li>2. Neonatal Formulary The Northern Neonatal Network.BMJ 2000.</li> <li>3. Hull D et al. Eds. Medicines for Children RCPCH 1999.0</li> <li>4. <a href="http://www.medsafe.govt.nz">www.medsafe.govt.nz</a></li> <li>5. Lacy et al. Paediatric Dosage Handbook 6<sup>th</sup> Edition 1999/2000.</li> <li>6. NZHPA Notes on Injectable Drugs 5<sup>th</sup> Edition</li> <li>7. Cochrane review. NC Austin, B Darlow Oral antifungals for the prevention of systemic candida infection.</li> <li>8. Ozturk et al. Oral nystatin prophylaxis to prevent invasive candidiasis in NICU. Mycoses; 49: 484-92.</li> <li>9. <a href="http://www.adhb.govt.nz/newborn/DrugProtocols/NystatinPharmacology.htm">www.adhb.govt.nz/newborn/DrugProtocols/NystatinPharmacology.htm</a></li> <li>10. Sims et al. Prophylactic oral nystatin and fungal infections in VLBW infants. Am J Perinat 1998; 5: 33-36.</li> </ol>
<b>Updated By</b>	<p>N Austin, P Schmidt, B Robertshawe November 2005  A Lynn, B Robertshawe June 2007  A Lynn, B Robertshawe, N Austin September 2007, March 2011  A Lynn, B Robertshawe Dec 2012 (re-order profile)  M Wallenstein A Lynn, B Robertshawe July 2020 (cream discontinued)  Sept 2020 if NBM use iv fluconazole</p>