Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Candidiasis -Mucocutaneous

Indication

Oesophageal Candidiasis

First Line Antimicrobials

Fluconazole 200mg once daily PO

If patient not tolerating PO, may use fluconazole 200mg once daily IV

Comments

Microbiological Investigations:

Usually diagnosed based on findings at upper GI endoscopy.

Send HIV serology in patients not known to be immunocompromised.

Discuss with Clinical Microbiologist if patient has severe oesophageal candidiasis or is severely immunocompromised – higher doses and longer duration may be indicated.

Monitor liver function tests while on fluconazole.

Duration of Treatment

14 days

Indication

Oral Candidiasis

First Line Antimicrobials

Mild: Nystatin oral suspension 1 – 6ml QDS PO

OR

Miconazole gel 2.5ml QDS PO after meals

Patients administered nystatin / miconazole need to be able to swish suspension in mouth / keep the gel in contact with the affected areas for as long as

If patient is unable to do this, choose PO fluconazole instead.

Moderate to Severe: Fluconazole 200mg daily PO

Comments

Microbiological Investigations:

Usually clinically evident.

Duration of Treatment

7 to 14 days.

Nystatin: Continue for at least 48 hours after symptoms have disappeared (re-assess if required for more than 14 days).

Miconazole: Continue for 1 week after symptoms have disappeared.

Indication

Vulvovaginal Candidiasis

First Line Antimicrobial Acute vulvovaginal candidiasis

Microbiological Investigations:

- Usually clinically evident.
- If recurrent candida, refer patient to GU/ID service for C&S investigations.

Duration of Treatment

- Clotrimazole PV: STAT dose
- Clotrimazole cream: Apply thinly until symptoms resolve
- Fluconazole: STAT dose.

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page 1 of 1