**Objectives**

Cryptococcal meningitis accounts for up to 19% of AIDS-related deaths, with the majority of the cases mostly seen in low and middle-income countries. First-line therapy uses either seven-day induction with intravenous amphotericin B deoxycholate and oral flucytosine or single-dose liposomal amphotericin B with oral flucytosine and fluconazole. Besides the commonly used intravenous formulations of amphotericin B, an oral nanocrystal amphotericin B (MAT2203) formulation is being evaluated for efficacy to treat invasive fungal infections. This new experimental oral formulation has not been used before. Herein, we describe our experiences with using oral cAmB in a resource-limited setting from the perspective of research nurses.

**Material & Methods**

We conducted a sequential Phase I and then Phase II multi-site randomized controlled trial that aimed to: 1) determine if shorter courses of intravenous amphotericin B can be used with early transition to oral amphotericin B to complete induction therapy for cryptococcal meningitis, 2) determine if oral amphotericin B with flucytosine can be used for induction therapy alone without intravenous amphotericin, 3) Determine the longer-term safety and efficacy of oral amphotericin B when used for cryptococcal meningitis consolidation therapy from 2 to 6 weeks after meningitis diagnosis. Herein, we describe our experience with using oral amphotericin for management of patients with HIV-associated cryptococcal meningitis in Uganda from a research nurse perspective.

**Results**

We screened 240 participants in the two trials and enrolled 168 of which 81 (48%) were women. We found oral amphotericin a better alternative to intravenous amphotericin B deoxycholate due to less toxicity, mostly limited to gastrointestinal-related toxicities only. We clinically observed no drug reactions like rigors, phlebitis, and less vomiting among patients on oral amphotericin as compared to those on intravenous amphotericin B deoxycholate (**Table 1**). Subjectively, meningitis symptoms of patients on oral amphotericin seemed to overall clinically improve more rapidly compared to those receiving intravenous amphotericin B deoxycholate. Few adverse events were observed.

**Conclusions**

In conclusion, oral amphotericin B was generally safe and well tolerated. However, it requires some training for the nurse, patient and caretakers for better administration, adherence and treatment outcomes.