

Are the lesions consistent with diagnosis of a **mild aphthous ulcer**?

- 1 or more shallow, painful sores with a white or cream coloured coating and reddish border
- Present on inside of cheeks or lips, side of tongue, soft palate, or floor of mouth
- ≤ 1 cm in diameter
- ≤ 7 days duration
- History of recurrences

Predominately yes → Proceed to treatment No, consider other conditions / refer

Treatment

- OTC dental pastes, analgesics
- Prescription for topical dental paste
 - Children and Adults:
 - Triamcinolone 0.1% in dental paste (Oracort)**
 - Directions: Press approximately 0.5cm (1/4 inch) of paste onto lesion, until a thin film develops.
Do not rub in. Apply at bedtime. Repeat application 2 or 3 times a day after meals if needed.
 - Mitte: 1 tube (7.5 g). May repeat x1 if healing is not complete after 7 days.

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx: (Name, strength)

Quantity (provide 7 days with one refill if needed):

Dosage directions:

pseudoDIN: 00951092

Counseling

- How to apply dental paste
- If no improvement in 7 days or if symptoms worsen, consult pharmacist or physician
- Adjunctive measures to ensure optimal outcome

Follow-up scheduled in 7 days:

- In pharmacy Telephone
- Symptoms resolved → discontinue treatment
- Symptoms improved, but not resolved → continue treatment for up to 7 days
- Symptoms not improved → Refer

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Provider:

Fax Number:

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a **minor aphthous ulcer**.

After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics

Name:

HSN:

Address:

DOB:

Gender: male female

Telephone:

Pregnant Lactating

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on

and discuss these items:

- Symptoms resolved → discontinue treatment
- Symptoms improved, but not resolved → continue treatment for up to 7 days
- Symptoms not improved → Refer

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Provider Notified

Name:

Fax: