Candidal Stomatitis (Oral Thrush)

**Review patient factors**

- Recent burn in the mouth
- Chemotherapy
- Immunosuppressed (by drug or condition)
- Possible adverse drug reaction (e.g., Inhaled steroid)
- Denture wearer AND significant swelling present

**Review for red-flag symptoms**

- Lesion present for >3 weeks
- Lesions present elsewhere on body
- Lesions are ulcerous or vesicular
- White, inflamed, striated patches in mouth
- Atypical symptoms, unable to confirm diagnosis

**Does the patient have typical oral thrush symptoms?**

- Superficial, gray to white curd-like areas on lips, buccal mucosa, tongue and/or palate
- Lesions can be scraped off to reveal an erythematous base and cause mild bleeding.
- Most often asymptomatic, but can cause mild pain
- Fussiness and decreased feeding in infants
- Cottony feeling in the mouth and loss of taste

**Has there been any improvement?**

- Non-pharmacologic treatment; AND,
- Nystatin 100,000 U/ml x 7 days
  - Infants: 1 or 2 ml QID
  - Children, adults: 4 to 6 ml QID

Follow up in 7 days

- Provide another 7 days of Nystatin if needed
- Discontinue if fully resolved

**REFER**