PHARMACIST ASSESSMENT – ORAL THRUSH

Patient Information		
Name:	HSN:	
Address:	DOB:	Gender: ☐male ☐female
Telephone:		

Medical History:

Drug History / Allergies:

Patient History

Is the patient immunocompromised (disease or drug-induced)?

☐ No → Continue ☐ Yes → Refer

Has the patient recently started a new drug and exhibits sore mouth with diffuse redness?

☐ No → Continue ☐ Yes → Possible adverse drug reaction, refer to prescriber with suggestions for alternate therapy

Does the patient wear dentures AND significant swelling is present?

☐ No → Continue ☐ Yes → Refer

Has the patient previously been diagnosed with oral thrush by a primary care provider?

☐ Yes ☐ No

Has the patient tried any non-pharmacologic or pharmacologic treatment for oral thrush?

☐ No ☐ Yes → What? Effect?

Review of Symptoms

Is there involvement of other areas (e.g. conjunctivitis, uveitis, genital ulcers)?

☐ No → Continue ☐ Yes → Refer

Does the patient have sore mouth with diffuse painful redness related to a possible burn?

☐ No → Continue ☐ Yes → Refer

Have the lesions been present for 3 weeks or longer?

☐ No → Continue ☐ Yes → Refer

Are the lesions ulcerous or vesicular?

☐ No → Continue ☐ Yes → Refer

Are the lesions inflammatory, scaly, white or striated patches?

☐ No → Continue ☐ Yes → Refer

Are the lesions consistent with oral thrush?

- ☐ Superficial, gray-to-white curd-like spots on lips, buccal mucosa, tongue or palate
- ☐ Plaques can be scraped off to reveal an erythematous base
- ☐ Removal of plaques causes mild bleeding
- ☐ Fuzzy feeling in the mouth and/or loss of taste.
- ☐ If infant – exhibiting fussiness or decrease in feeding

☐ Yes → Proceed to treatment ☐ No, consider other conditions / refer

Treatment:

☐ Prescription for oral antifungal

- Infant less than1 year of age:
  Nystatin oral drops (100,000 units/ml)
  Shake well and apply 2ml (200,000 units) in each side of mouth 4 times a day.
  Parents should wash hands and use a clean finger or Q-tip to sweep solution inside child's cheek.
  Mitte: 1 week supply x 1 refill

- Children & Adults:
  Nystatin Oral Suspension (100,000 units per ml)
  Shake well and use 4 - 6 ml orally 4 times a day.
  Swish, retain in mouth for as long as possible, up to a few minutes and swallow suspension.
  Mitte: 1 week supply x 1 refill

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx (Name, strength):

Quantity (56mls for infants; 140mls adults: 7 days, with a refill):

Dosage directions:

pseudoDIN: 00951093

Counseling

☐ How to use oral suspension
☐ Continue for 2 days after symptom resolution
☐ Adjunctive measures to ensure optimal outcome

Follow-up scheduled in 7 days:

☐ In pharmacy ☐ Telephone
☐ Complete resolution: discontinue medication
☐ Some improvement: refill nystatin prescription for another 7 days
☐ No improvement: 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 **oral thrush.**

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:		

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on and discuss these items:

☐ Complete resolution: discontinue medication
☐ Some improvement: refill nystatin prescription for another 7 days
☐ No improvement: refer

Prescribing Pharmacist	
Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

Primary Care Provider Notified	
Name:	Fax: