PHARMACIST ASSESSMENT – CANKER SORE (ORAL APHTHOUS ULCER)

Patient Information		
Name:	HSN:	
Address:	DOB:	☐ male ☐ female
Telephone:	☐ Pregnant ☐ Lactating	

Medical History:

- ☐ Immunocompromised (due to condition or medication) → refer
- ☐ Previous diagnosis of oral aphthous ulcer by a primary care provider → helps confirm patient self-diagnosis
- ☐ History of ulcers that last longer than 14 days, or cause scarring → refer

Drug History:

- ☐ Methotrexate, NSAIDs or beta-blockers recently initiated → refer

Review of Symptoms

Any red flags present?

- ☐ Oral or sexual contact with someone exhibiting the same symptoms
- ☐ Severe pain that is inhibiting eating
- ☐ Systemic symptoms (eg. Fever, pharyngitis, conjunctivitis, uveitis, genital ulcers)
- ☐ Lesions present on non-mucosal skin, eg. head and trunk

☐ Yes → refer

Do the ulcers have any characteristics of major or herpetiform aphthae?

- ☐ Diameter >1cm
- ☐ Duration >14 days
- ☐ >5 ulcers present
- ☐ Cluster of many small sores
- ☐ Ulcers have coalesced into one irregular shape
- ☐ Ulcer present on hard palate

☐ No → Continue ☐ Yes → Refer

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

Has the patient tried any non-pharmacologic or pharmacologic treatment for the aphthous ulcer?

☐ No ☐ Yes → What? Effect?

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:

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

Dosage directions:

pseudoDIN: 00951092

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

☐ 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:**

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: