

PHARMACIST ASSESSMENT – ORAL THRUSH

Patient Information

Name:	HSN:		
Address:	DOB:	<input type="checkbox"/> male <input type="checkbox"/> female	
Telephone:			

Medical History:

- ☐ Immunocompromised (disease or drug-induced) → refer
- ☐ Denture use And significant swelling is present → refer
- ☐ Previous diagnosis of thrush → helps confirm patient self-diagnosis

Drug History:

- ☐ Recently started a new drug and exhibits sore mouth with diffuse redness → refer and suggest alternate therapy

Review of Symptoms

Any red flags present?

- ☐ Involvement of other areas (e.g. conjunctivitis, uveitis, genital ulcers)
- ☐ Sore mouth with diffuse painful redness related to a possible burn
- ☐ Lesions present for 3 weeks or longer
- ☐ Lesions are ulcerous or vesicular
- ☐ Lesions are inflammatory, scaly, white or striated have patches
- ☐ 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 to MD

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

- ☐ No ☐ Yes → What? Effect?

Treatment:

Prescription for oral antifungal

- ☐ Infant less than 1 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** ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

- ☐ 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:

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: <input type="checkbox"/> male <input type="checkbox"/> 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 to MD

Prescribing Pharmacist

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

Primary care provider

Name:	Fax:
-------	------