

Patient Group Direction for the treatment of adults and children presenting with symptoms of oral candidiasis (thrush) using nystatin oral suspension

Patient assessment form

Patient Name & address:	Click or tap here to enter text.	Date of Birth /CHI:	Click or tap here to enter text.
(Include guardian/carer details where appropriate) Click or tap here to enter text.			
Date of assessment:	Click or tap to enter a date.	Patient consents to GP being informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient clinical picture and related appropriate actions

Clinical features	Yes	No	Actions
Individual is aged 4 weeks or over?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, may be suitable to receive nystatin suspension If NO, REFER to GP practice
Symptoms of oral thrush present? (Curd-like, white or yellowish plaques that can occur anywhere in the mouth, especially cheeks, gums, palate and tongue. These are easily removed, revealing an underlying red base that is not usually painful.)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, may be suitable to receive nystatin suspension. If NO, consider alternative diagnosis and proceed appropriately.
Is/are there identified risk factor(s) for oral thrush? <ul style="list-style-type: none"> • Extremes of age – either due to immature or weakened immunity • Immunocompromise or systemic immunosuppression e.g. from disease state or medication related • Recent or concurrent use of drugs which promote candidal growth e.g. treatment with broad spectrum antibiotic or corticosteroid (inhaled or oral) • Diabetes • Other endocrine disorders or deficiencies • Dentures • Poor dental hygiene • Local trauma to mouth • Smoking • Poor diet • Nutritional deficiency e.g. know iron, folate or vitamin B₁₂ deficiency • Impaired salivary function 	<input type="checkbox"/>	<input type="checkbox"/>	If YES, may be suitable to receive nystatin suspension. If NO, and patient is otherwise healthy, REFER to GP.
Presenting with first episode of oral candidiasis, or with second episode within 6 months (and more than 7 days apart from the first episode).	<input type="checkbox"/>	<input type="checkbox"/>	If YES, may be suitable to receive nystatin suspension. If NO, REFER to GP practice due to risk of treatment failure.

NOTE:
To proceed with PGD, individual must present with BOTH symptoms and at least one risk factor for oral candidiasis

Additional supply inclusion criteria	Yes	No	Actions
Is the individual unsuitable to use miconazole oral gel (via standard NHS PFS)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, consider supply via PGD after checking suitable to receive nystatin suspension.
Has the individual presented with a prescription for miconazole oral gel or is eligible for treatment with miconazole oral gel but stock is unavailable to make a supply?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, consider supply via PGD after checking suitable to receive nystatin suspension.

<p>Does the individual meet any PGD exclusion criteria?</p> <ul style="list-style-type: none"> • Under 4 weeks of age (neonate). • Signs of widespread or severe infection e.g. difficulty or pain on swallowing, or retrosternal pain. • Presence of red or red/white plaque that cannot be rubbed off (erythroplakia, erythroleukoplakia). • Known immunosuppression or being treated with a drug that can cause immunosuppression e.g. DMARD, AND the infection is extensive or severe. • Continues to have symptoms despite appropriate treatment with nystatin suspension for seven days • Treatment for two or more episodes (> 7 days apart) of oral thrush in last 6 months. • Currently receiving oncology or haematology treatment including chemotherapy, radiotherapy, immunotherapy, or other systemic anti-cancers therapies. • Hypersensitivity to nystatin or any of the excipient ingredients • Hypersensitivity to other polyene antifungals (e.g. amphotericin B) due to potential cross-sensitivity • Individual has rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose, isomaltase insufficiency. • Individual unable to administer the product effectively themselves or have a parent/carer to administer or apply the product for them. • No valid consent obtained. 	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER for appropriate care e.g. GP, OOH, cancer team or dentist.
---	--------------------------	--------------------------	--

Preparation options and supply method

Medicine and strength	Regimen	Supply method
Nystatin oral suspension 100,000 units/ml x 30ml	1ml (100,000 units) dropped into mouth FOUR times daily for a maximum of 7 days.	PGD via UCF

Patient advice checklist

Advice	Provided (tick as appropriate)
Explain the treatment, course of action and potential side effects	<input type="checkbox"/>
Shake bottle before use	<input type="checkbox"/>
Space doses evenly throughout the day, administer after food or drink, don't eat or drink for at least 30 minutes after using the suspension	<input type="checkbox"/>
Use dropper to place liquid in mouth, taking care not to touch mouth with the dropper	<input type="checkbox"/>
Circulate suspension around mouth, keeping in contact with the affected area for as long as possible before swallowing	<input type="checkbox"/>
Continue to use for 48 hours after the lesions have resolved for a maximum of 7 days	<input type="checkbox"/>
If condition worsens, or symptoms persist for longer than 7 days stop using and seek further medical advice	<input type="checkbox"/>
If immunocompromised, pregnant or has diabetes, advise to contact GP practice for follow up post treatment	<input type="checkbox"/>
General oral hygiene advice <ul style="list-style-type: none"> • Good oral hygiene is essential • If a smoker, offer smoking cessation support • If using a steroid inhaler – rinse mouth after use, use a spacer, step down dose if appropriate • If wearing dentures – clean by brushing denture then soaking in disinfectant solution, allow to air dry, brush mucosal surface with a soft brush, remove dentures at bedtime, leave dentures out for at least 6 hours in every 24 hour period to promote healing of gums, see dentist if dentures are ill-fitting. 	<input type="checkbox"/>
Provide patient information leaflet	<input type="checkbox"/>

Communication

Contact made with	Details (include time and method of communication)
Patient's regular General Practice (details)	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.		
Expiry date	Click or tap here to enter text.	Batch number	Click or tap here to enter text.
Print name of pharmacist	Click or tap here to enter text.	GPhC number	
Signature of pharmacist	Click or tap here to enter text.		

Patient Group Direction for the treatment of adults and children presenting with symptoms of oral candidiasis (thrush) using nystatin oral suspension

Notification of assessment and supply from community pharmacy

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	Click or tap here to enter text.	Pharmacy Stamp
GP practice address	Click or tap here to enter text. Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment of oral candidiasis:		Pharmacist name Click or tap here to enter text.
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	GPhC number Click or tap here to enter text.
Patient address	Click or tap here to enter text. Click or tap here to enter text.	
Postcode	Click or tap here to enter text.	Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting signs and symptoms	
Symptoms typical of oral candidiasis (White spots or plaques in mouth which can be wiped off leaving red patches.)	<input type="checkbox"/>
Identified risk factor for oral thrush (specify all) Click or tap here to enter text.	<input type="checkbox"/>
Treatment	
Your patient has been supplied with 1 x 30ml nystatin oral suspension 100,000 units/ml (Apply to affected areas FOUR times a day after food for a maximum of 7 days)	<input type="checkbox"/>
Treatment supplied due to unavailability of miconazole oral gel	<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.	<input type="checkbox"/>

Your patient/their parent/guardian/carer has been advised to contact the practice if symptoms fail to resolve following treatment.

You may wish to include this information in your patient records.

<p>Consent: I confirm the information provided is accurate. I give consent — or, where applicable, consent is given by the patient's parent/guardian/carer — for a pharmacist under NHS Pharmacy First Scotland to provide appropriate advice or treatment, and for relevant details of this consultation to be shared with the patient's GP. I understand that anonymised information may be used to assess service uptake.</p>	<p>Consent received</p> <p><input type="checkbox"/></p>
---	--

This form should now be sent to the patient's GP and a copy retained in the pharmacy.