 **Oral Thrush Standing Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Oral Thrush |
| **Rationale** | To promptly and appropriately treat patients presenting with symptoms of oral thrush. |
| **Scope (condition and patient group)** | Adult patients who present with symptoms of oral thrush due to the yeast infection candidia albicans. |
| **Red Flags** | In people with reduced immunity, thrush may be wide spread and may require more extensive treatment. |
| **Assessment** | 1. Lesions on the oral mucosa often start as tiny focal areas that enlarge to white or creamy coloured patches.  2. When scraped, lesions are difficult to remove and leave behind an inflamed base (which may bleed).  3. Check for the following   * Ill-fitting dentures * Diabetes * Chemotherapy/radiotherapy (undergoing or recent) * Smoking * Antibiotics * Steroids, including inhaled corticosteroids * Dry mouth * Glossitis/mucositis/stomatitis   4. Differentiate between oral thrush and a coated tongue. |
| **Indication** | Treatment of oral thrush |
| **Medicine** | **Nystatin** suspension 100, 000 international units/mL |
| **Dosage instructions** | 1mL FOUR times daily after food and/or teeth brushing.  Administer dose under the tongue and swirl around mouth for 30 seconds before swallowing. |
| **Route of administration** | Oral |
| **Quantity to be given** | 1 x op |
| **Contraindications** | Hypersensitivity to nystatin or any excipients |
| **Precautions** | Nil |
| **Additional information** | Advise patient to continue treatment for 7 days.  Enquire as to symptoms of thrush in other areas (e.g. vaginal or under breasts or in groins/skin folds). |
| **Follow-up** | Advise patient to return if thrush does not resolve by end of treatment or if reoccurs.  Recurrent or persistent thrush may indicate an underlying condition that needs investigation. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Health Navigator at [www.healthnavigator.org.nz/health-a-z/t/thrush-oral/](http://www.healthnavigator.org.nz/health-a-z/t/thrush-oral/)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Glossitis, Mucositis and Stomatitis – inflammation of the tongue, mucus membranes and the mouth or lips. |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_