

***Patient Group Direction for the supply of Nystatin Oral Suspension
100,000units/ml by Community Pharmacists in the management of Oral
Candidiasis***

PRIVATE AND CONFIDENTIAL

Patient Details
Name
Address

Check List for Management of Oral Candidiasis

Inclusion criteria	Yes	No
Patient is present at consultation and consents to treatment		
Parental consent obtained for a patient under 16 years who does not demonstrate competence		
Patient presents with pseudomembranous oral candidiasis. (Infection seen)		
Criteria for exclusion for treatment checked and none apply. (see table below)		
Consent form completed by Pharmacist & signed. Prescription charge collected if applicable and patient has signed form.		
PMR completed and Nystatin Oral Suspension 100,000 units/ml labelled as per PGD		
Treatment regimen explained and understood including: <ul style="list-style-type: none"> • How to use the dosing pipette • Advice given should condition not improve. 		
Follow up advice given, including: <ul style="list-style-type: none"> • Corticosteroid inhaler users, check inhaler technique and advise on appropriate usage 		

Pharmacist's Signature
Date.

Exclusion criteria	Yes	No
Allergy to Nystatin or any other component		
Presence of systemic symptoms and/or multiple infection sites		
Immunocompromised patient		
Previous Nystatin usage in the past month		
Patient has retrosternal pain		
Patient presents with an excluded oral condition		

If the patient answers yes to any of the above questions then they must be referred to GP.