NHS Grampian | NHS Highland | NHS Orkney | NHS Shetland | NHS Tayside | NHS Eileanan Siar Western Isles

# Patient Group Direction For Community Pharmacists For The Supply Of Nystatin Oral Suspension To Patients Aged 4 Weeks And Over For The Treatment Of Symptoms Of Oral Thrush Under NHS Pharmacy First Scotland Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

| | | |
|---|---|---|
| **Lead Author:**<br>Adapted from Pharmacy First Template - Community Pharmacists To Supply Nystatin Oral Suspension To Patients Aged 4 Weeks And Over For The Treatment Of Symptoms Of Oral Thrush Under NHS Pharmacy First Scotland, Version 1.0 – PF Publication Date 11th March 2026 | | **Approver:**<br>NoS PGD Group<br><br>**Authorisation:**<br>NHS Grampian |
| **Signature:** | | **Signature:** |
| **NoS Identifier:**<br>NoS/PGD/PF_Nystatin/1780 | **Review Date:**<br>March 2028<br><br>**Expiry Date:**<br>March 2029 | **Date Approved by NoS:**<br>1st April 2026 |

**NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 is completed.**

**Uncontrolled when printed**

**Version 1**

## Revision History for NoS:

| NoS PGD that has been adapted and/or superseded | New PGD | |
|---|---|---|
| **Date of change** | **Summary of Changes** | **Section heading** |
| March 2025 | Transferred onto NoS Template and title changed to include NoS boards. | |

## PF recent changes

| Version | Date | Summary of changes |
|---|---|---|
| 1.0 | March 2026 | • New PGD |

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

## Pharmacy First Policy Statement

**Policy Statement:** It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

| | | |
|---|---|---|
| Document: | Drafted: | March 2026 |
| | Completed: | March 2026 |
| | Approved: | March 2026 |
| | Amended and re-authorised: | |

## Contents Page

## Authorisation

**This PGD is not legally valid until it has had the relevant organisational authorisation.**

## PGD Nystatin Oral Suspension

This specimen PGD template has been produced in collaboration with the Community Pharmacy Advisory Group (CPAG) and the Scottish Antimicrobial Prescribing Group (SAPG) to assist NHS boards in the uniform provision of services under the 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

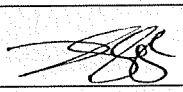
The community pharmacist who may supply nystatin oral suspension under this PGD can do so only a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct, and to ensure familiarity with the manufacturer's product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine has to be by the same practitioner who has assessed the patient under the PGD.

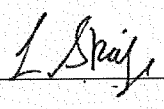
| **This PGD has been approved on behalf of NHS Scotland by NHS 24 by:** | | | |
|---|---|---|---|
| Doctor | Dr Ron Cook | Signature | |
| Pharmacist | Dr John McAnaw | Signature | |
| NHS Scotland Representative | Mr Jim Miller | Signature | |

| **This PGD has been approved for NoS by:** | | | | | |
|---|---|---|---|---|---|
| Doctor | Dr Paul Treon | Signature | | Date Signed | 26/03/2026 |
| Pharmacist | Laura Karim | Signature | | Date Signed | 17/03/2026 |
| Community Pharmacist | Michelle Frazier | Signature | | Date Signed | 16/03/2026 |

## Approved for use within NoS by:

| NoS Group Chair | Signature | Date Signed |
|---|---|---|
| Lesley Coyle |  | 19/03/2026 |

## Authorised and executively signed for use within NoS by:

| NHS Grampian Chief Executive | Signature | Date Signed |
|---|---|---|
| Laura Skaife-Knight |  | 01/04/2026 |

## Version 1.0 – Approved for NoS from 1st April 2026

# 1. Clinical Situation

## 1.1 Indication

Treatment of oral candidiasis (thrush).

(This usually presents as a 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).

NICE Guidance recommends miconazole as first line treatment of oral candidiasis in children 4 months and over and adults over 16 years.

## 1.2 Inclusion criteria

Individual aged 4 weeks and over, presenting with symptoms of oral candidiasis **and** has an identified risk factor for oral candidiasis (see list below).

Individual is presenting with first episode of oral candidiasis or with second episode of oral candidiasis within 6 months (and more than 7 days apart from the first episode).

**Risk factors for developing oral candidiasis** (see Cautions section for further advice):

- 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. known iron, folate or vitamin B12 deficiency.
- Impaired salivary function.

### *Additional supply inclusion criteria*

*Individuals who are unsuitable to use miconazole oral gel (see SPMC) via NHS Pharmacy First Scotland).*

*This PGD may also cover individuals presenting with a prescription for miconazole oral gel or presenting with symptoms eligible for treatment with miconazole, but stock is unavailable to make a supply (assuming no nystatin PGD exclusion criteria apply – full PGD assessment required prior to supply).*

## 1.3 Exclusion criteria

Individual is under 4 weeks of age (neonate).

Signs of widespread or severe infection, e.g. difficulty or pain on swallowing, or retrosternal pain.

Individual has a single red, or red and white plaque that cannot be rubbed off (erythroplakia, erythroleukoplakia).

Individuals with known immunosuppression or being treated with a drug that can cause immunosuppression, e.g. DMARD **and** the infection is extensive or severe.

Individual continues to have symptoms despite appropriate treatment with nystatin oral suspension for seven days.

Individual has been treated for two or more episodes (>7 days apart) of oral thrush in the last 6 months (due to risk of treatment failure).

Individuals currently receiving oncology or haematology treatment including chemotherapy, radiotherapy, immunotherapy, or other systemic anti-cancer therapies.

Hypersensitivity to nystatin or any of the excipient ingredients.

Hypersensitivity to other polyene antifungals (e.g. amphotericin B) due to potential cross-sensitivity.

Individuals with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose, isomaltase insufficiency (nystatin oral suspension contains sucrose).

Individuals who are unable to administer the product effectively themselves or do not have a parent/guardian/carer to administer or apply the product for them.

Valid consent has not been received (either from the individual or, if applicable, from the parent/guardian/carer).

## 1.4 Cautions/need for further advice/circumstances when further advice should be sought from a prescriber

Hypersensitivity reactions: Treatment should be discontinued and advise to consult a doctor immediately if the reaction is severe, e.g. anaphylaxis or angioedema.

Skin reactions: Discontinue treatment at first appearance of a skin rash and advise to consult a prescriber immediately.

### Risk factors:

Immunocompromised: For either disease state or medication related. When treatment is supplied, the individual should be advised to seek further medical advice if the symptoms get worse or do not resolve after 7 days treatment.

Diabetes: When treatment is supplied, a diabetic review is recommended.

Use in pregnancy: Absorption of nystatin is negligible. When treatment is supplied, the individual should use for a maximum of 7 days and seek further advice from GP practice/midwife if symptoms persist.

Use while breastfeeding: The manufacturer advises caution when using nystatin during breastfeeding as it is not known whether nystatin is excreted in human milk. However, there is extensive experience of safe use in breastfeeding. Please note: It is no longer routine practice to treat an individual for nipple thrush if a breast fed baby has oral thrush.

Infants: If unable to feed refer to GP practice or the GP Out Of Hours (OOH) service using the Direct Referral/Prof to Prof number. Only advise a call to NHS 24 on 111 when neither option is available to you.

Person living with HIV (PLWHIV): Individuals are classed as immunocompromised if their CD4 count is <200. If a PLWHIV presents with symptoms of thrush, treatment can be considered and advised to seek further medical advice if the symptoms get worse or do not resolve after 7 days.

Refer to GP practice if symptoms get worse or do not resolve after 7 days.

## 1.5 Action if excluded

If appropriate, offer suitable alternative to nystatin oral suspension available to purchase over the counter, or supply via NHS PFS Approved List.

If appropriate, refer to GP practice or the GP Out of Hours (OOH) service using the Direct Referral/Prof to Prof number (if evidence of systemic illness or widespread infection, e.g. oesophageal candidiasis characterised by difficulty or pain on swallowing or retrosternal pain). Only advise a call to NHS 24 on 111 when neither option is available to you. Document the reason for exclusion and any action taken in Patient Medication Record (PMR).

If the single red or red/white plaque cannot be rubbed off, where possible refer to a dentist, otherwise refer to GP practice.

## 1.6 Action if patient declines

If appropriate, refer to GP practice and document the reason for declining treatment and advice given in PMR.

# 2. Description Of Treatment

## 2.1 Name of medicine/form/strength

Nystatin oral suspension 100,000 units/mL.

## 2.2 Route of administration

Oral (via dropper).

## 2.3 Dosage

1mL (100,000 units) suspension dropped into the mouth.

## 2.4 Frequency

Four times daily.

## 2.5 Duration of treatment

Continue for 48 hours after lesions have resolved up to 7 days treatment.

## 2.6 Maximum or minimum treatment period

Use for a maximum of 7 days before seeking further medical advice if symptoms persist.

## 2.7 Quantity to supply

1 x 30mL bottle.

## 2.8 ▼ black triangle medicines

No.

## 2.9 Legal category

Prescription Only Medicine (POM).

## 2.10 Is the use out with the SPC?

No.

## 2.11 Storage requirements

As per manufacturer's instructions.

Store below 25ºC in a cool, dry place, avoid freezing.

## 2.12 Additional information

None.

# 3. Adverse Reactions

## 3.1 Warnings including possible adverse reactions and management of these.

**Please refer to current BNF or SPC for full details.**

Nystatin is generally well tolerated by all age groups, even during prolonged use.

The following side effects have been reported:

- Nausea (occasionally during therapy).
- Diarrhoea, gastrointestinal distress, nausea and vomiting (occasionally with large doses).
- Rash, including urticaria (rarely).
- Stevens-Johnson syndrome (very rarely).
- Hypersensitivity and angioedema, including facial oedema.

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional supplying the medication under this PGD. This can be accessed at www.medicines.org.uk

If irritation or sensitisation occurs, treatment should be discontinued.

In the event of severe adverse reaction individuals should be advised to seek medical advice.

## 3.2 Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate.

Where appropriate, healthcare professionals and individuals/guardians/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at www.mhra.gov.uk/yellowcard

## 3.3 Advice to patient or carer including written information

Written information to be given to individuals or their parent/guardian/carer:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL).
- Direct parent/guardian/carer to Nystatin for Candida infections – Medicines For Children leaflet if using for a child.
- Oral thrush in adults | NHS inform
- Oral thrush (mouth thrush) - NHS

Individual/guardian/carer verbal advice:

- Explain the treatment, course of action and potential side effects.
- Shake the bottle well before use.
- Advise to space the doses evenly throughout the day, administer after food or drink, and not eat or drink for at least 30 minutes after using the suspension.
- Use the dropper to place the liquid inside the mouth, near the affected area, taking care not to touch the mouth with the dropper.
- Circulate the suspension around the mouth, keeping in contact with the affected areas for as long as possible before swallowing.
- Continue to use for 48 hours after the lesions have resolved for a maximum of 7 days.
- If condition worsens or symptoms persist for longer than 7 days, stop using and seek further medical advice.
- The individual or their parent/guardian/carer should be advised to seek medical advice in the event of a severe adverse reaction.
- Inform the individual or their parent/guardian/carer that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: www.mhra.gov.uk/yellowcard
- Advise to contact the GP practice after treatment for follow up if the individual is immunocompromised, pregnant or has diabetes.

General dental advice:

- Good dental hygiene is essential: brush at least twice daily with fluoride toothpaste, floss daily, visit a dentist regularly for check-ups.
- If the individual is a smoker, give advice on smoking cessation.
- If the individual uses a steroid inhaler:
  - Use good inhaler technique, rinsing the mouth with water (or cleaning the teeth) after inhalation to remove drug particles.
  - Use a spacer to reduce the impact of drug particles in the oral cavity.
  - Step down the dose of corticosteroid if appropriate, and in accordance with instructions given by their managing healthcare professional.

- If the individual wears dentures:
  - Clean dentures by brushing then soaking them in a disinfectant solution (e.g. chlorhexidine or hexetidine); the dentures can be soaked in any solution marketed to sterilize baby's bottles (provided the dentures do not contain any metal).
  - Allow dentures to air dry after disinfection: this also kills adherent Candida. Brush the mucosal surface regularly with a soft brush.
  - Remove dentures at bedtime.
  - Leave dentures out for at least 6 hours in each 24-hour period to promote healing of gums: If the gums are inflamed, they may benefit from leaving dentures out for longer. See a dentist to correct ill-fitting dentures.

## 3.4 Monitoring

Not applicable.

## 3.5 Follow up

Refer to GP practice if symptoms worsen or do not resolve within 7 days.

## 3.6 Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient's rights to confidentiality and safety.
- Access to medical support (this may be via telephone or email).
- Approved equipment for the disposal of used materials.
- Clean and tidy work areas, including access to hand washing facilities.
- Access to current BNF (online version preferred).

# 4. Characteristics of staff authorised under the PGD

## 4.1 Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

**Under PGD legislation there can be no delegation. Supply of the medication has to be completed by the same practitioner who has assessed the patient under this PGD.**

## 4.2 Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD:

- Must be familiar with the nystatin medicine and alert to changes in the manufacturer's product information/summary of product information.
- Must have successfully complete the NES Pharmacy e-learning module: Oral thrush for NHS Pharmacy First Scotland.
- Must be able to assess capacity of the individual or parent/guardian/carer to understand the nature of the purpose of the medication in order to give or refuse consent.

## 4.3 Continuing education and training

All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.

Attend approved training and training updates as appropriate.

Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

# 5. Audit Trail

## 5.1 Authorisation of supply

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and where required submit to the relevant NHS Health Board prior to using the PGD.

## 5.2 Record of supply

An electronic or paper record must be completed to allow audit of practice. All records must be clear, legible, contemporaneous and in an easily retrievable format.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth/CHI number
- name of GP with whom the individual is registered (if known)

- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/carer where applicable)
- details of presenting complaint and diagnosis
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.
- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine.

**The patient's GP (where known) should be provided with a copy of the GP notification form for the supply of nystatin oral suspension, or appropriate referral on the same, or next available working day.**

These records should be retained in accordance with national guidance[1] (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management.* Edinburgh 2020. Available at SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf (Accessed on 11th March 2026)

# 6. Additional References

Practitioners operating the PGD must be familiar with:


1. Current edition of British National Formulary (BNF) and BNF for children. Available at BNF (British National Formulary) | NICE and BNFC (British National Formulary for Children) | NICE (Accessed 6th March 2026)
2. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. *Nystatin Oral Suspension BP SPC.* Available at Nystatin 100,000 unit/mL Oral suspension (Ready Mixed) - Summary of Product Characteristics (SmPC) - (emc) | 100765 (Accessed 6th March 2026)
3. National Institute for Health and Care Excellence. *Clinical knowledge summary. Candida – oral*. Available at: Candida - oral | Health topics A to Z | CKS | NICE (accessed 6th March 2026)
4. Medicines for Children (NPPG, RCPCH, Wellchild). *Nystatin for Candida infections*. Available at Nystatin for Candida infections – Medicines For Children (accessed 6th March 2026)
5. Specialist Pharmacy Service. *Information resources for advice on medicines and breastfeeding.* Available at: Information resources for advice on medicines and breastfeeding – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice (accessed 6th March 2026)
6. La Leche League GB. *Thrush and Breastfeeding*. Available at Thrush and Breastfeeding - La Leche League GB (accessed 6th March 2026)
7. Briggs, G.G., Freeman, R.K., Towers, C.V. & Forinash, A.B., 2021. *Drugs in pregnancy and lactation: A reference guide to fetal and neonatal risk*. 12th ed. Wolters Kluwer.
8. Schaefer, C., Peters, P.W.J. & Miller, R.K., 2007. *Drugs during pregnancy and lactation: Treatment options and risk assessment*. 2nd ed. Academic Press
9. National Institute for Health and Care Excellence. *Clinical knowledge summary. Breastfeeding problems: management and basis for recommendation.* Available at Breastfeeding problems - management | Management | Breastfeeding problems | CKS | NICE (Accessed 14th January 2026)


# 7. PF Version History

| Version | Date | Summary of changes |
|---|---|---|
| 1.0 | March 2026 | New National Specimen PGD produced. |

# Appendix 1 - Individual Authorisation

## PGD FOR THE SUPPLY OF NYSTATIN ORAL SUSPENSION BY COMMUNITY PHARMACISTS UNDER THE "NHS PHARMACY FIRST SCOTLAND" SERVICE

***This PGD does not remove professional obligations and accountability.***

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

I have read and understood the PGD authorised by each of the NHS Boards I wish to operate in and agree to provide nystatin oral suspension only in accordance with this PGD.

Name of Pharmacist _____ GPhC Registration Number _____

Normal Pharmacy Location

**(Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 3 HB areas please use additional forms.)**

Name & Contractor code HB (1) _____

Name & Contractor code HB (2) _____

Name & Contractor code HB (3) _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please tick and send to each Health Board you work in. Email and postal addresses are given overleaf.

| | | | | | |
|---|---|---|---|---|---|
| Ayrshire & Arran | ☐ | Grampian | ☐ | Orkney | ☐ |
| Borders | ☐ | Gr Glasgow & Clyde | ☐ | Shetland | ☐ |
| Dumfries & Galloway | ☐ | Highland | ☐ | Tayside | ☐ |
| Fife | ☐ | Lanarkshire | ☐ | Western Isles | ☐ |
| Forth Valley | ☐ | Lothian | ☐ | | |

# Appendix 2 – NHS Boards

| NHS Board | Address | |
|---|---|---|
| Ayrshire & Arran | Complete MS Form available at Patient Group Directions – NHS Ayrshire & Arran | Microsoft Form |
| Borders | Complete MS Form available at nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/ | Microsoft Form |
| Dumfries & Galloway | NHS Dumfries & Galloway, Primary Care Services, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG Dg.pcd@nhs.scot | Please email or post |
| Fife | Complete MS Form available at: PGDs - NHS Fife - Confirmation of Signature | Microsoft Form |
| Forth Valley | Complete MS Form – see local Health Board information for relevant link. | Microsoft Form |
| Grampian | Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE gram.pharmaceuticalcareservices@nhs.scot | Please email or post |
| Greater Glasgow & Clyde | Complete MS Form available at PGDs - Greater Glasgow and Clyde | Microsoft Form |
| Highland | Complete MS Form available at NHS Highland PGDs | Microsoft Form |
| Lanarkshire | Complete MS Form available at NHS Lanarkshire - Patient Group Directions V2 | Microsoft Form |
| Lothian | No longer require pharmacists to return signed copies of PGDs. For any queries, please contact loth.communitypharmacycontract.nhs.scot | |
| Orkney | Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 ork.pharmacyadmin@nhs.scot | Please email or post |
| Shetland | Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB shet.pharmacyprimarycare@nhs.scot | Please email or post |
| Tayside | Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE TAY.pharmacydepartment@nhs.scot | Please email or post |
| Western Isles | Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB Michelle.taylor44@nhs.scot | Please email or post |

# Appendix 3 – Assessment Form

## 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 ☐ No ☐ |

### Patient clinical picture and related appropriate actions

| Clinical features | Yes | No | Actions | |
|---|---|---|---|---|
| Individual is aged 4 weeks or over? | ☐ | ☐ | If YES, may be suitable to receive nystatin suspension<br>If NO, REFER to GP practice | |
| Symptoms of oral thrush present?<br>(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.) | ☐ | ☐ | If YES, may be suitable to receive nystatin suspension.<br>If NO, consider alternative diagnosis and proceed appropriately. | **NOTE**: To proceed with PGD, individual must present with BOTH symptoms and at least one risk factor for oral candidiasis |
| Is/are there identified risk factor(s) for oral thrush?<br>• Extremes of age – either due to immature or weakened immunity<br>• Immunocompromise or systemic immunosuppression e.g. from disease state or medication related<br>• Recent or concurrent use of drugs which promote candidal growth e.g. treatment with broad spectrum antibiotic or corticosteroid (inhaled or oral)<br>• Diabetes<br>• Other endocrine disorders or deficiencies<br>• Dentures<br>• Poor dental hygiene<br>• Local trauma to mouth<br>• Smoking<br>• Poor diet<br>• Nutritional deficiency e.g. know iron, folate or vitamin $B_{12}$ deficiency<br>• Impaired salivary function | ☐ | ☐ | If YES, may be suitable to receive nystatin suspension.<br>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). | ☐ | ☐ | If YES, may be suitable to receive nystatin suspension.<br>If NO, REFER to GP practice due to risk of treatment failure. | |

| Additional inclusion criteria | Yes | No | Actions |
|---|---|---|---|
| Is the individual unsuitable to use miconazole oral gel (via standard NHS PFS) | ☐ | ☐ | 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? | ☐ | ☐ | If YES, consider supply via PGD after checking suitable to receive nystatin suspension. |

| | | | |
|---|---|---|---|
| Does the individual meet any PGD exclusion criteria?<br>• Under 4 weeks of age (neonate).<br>• Signs of widespread or severe infection e.g. difficulty or pain on swallowing, or retrosternal pain.<br>• Presence of red or red/white plaque that cannot be rubbed off (erythroplakia, erythroleukoplakia).<br>• Known immunosuppression or being treated with a drug that can cause immunosuppression e.g. DMARD, AND the infection is extensive or severe.<br>• Continues to have symptoms despite appropriate treatment with nystatin suspension for seven days<br>• Treatment for two or more episodes (> 7 days apart) of oral thrush in last 6 months.<br>• Currently receiving oncology or haematology treatment including chemotherapy, radiotherapy, immunotherapy, or other systemic anti-cancers therapies.<br>• Hypersensitivity to nystatin or any of the excipient ingredients<br>• Hypersensitivity to other polyene antifungals (e.g. amphotericin B) due to potential cross-sensitivity<br>• Individual has rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose, isomaltase insufficiency.<br>• Individual unable to administer the product effectively themselves or have a parent/carer to administer or apply the product for them.<br>• No valid consent obtained. | ☐ | ☐ | 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 | ☐ |
| Shake bottle before use | ☐ |
| 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 | ☐ |
| Use dropper to place liquid in mouth, taking care not to touch mouth with the dropper | ☐ |
| Circulate suspension around mouth, keeping in contact with the affected area for as long as possible before swallowing | ☐ |
| Continue to use for 48 hours after the lesions have resolved for a maximum of 7 days | ☐ |
| If condition worsens, or symptoms persist for longer than 7 days stop using and seek further medical advice | ☐ |
| If immunocompromised, pregnant or has diabetes, advise to contact GP practice for follow up post treatment | ☐ |
| General oral hygiene advice<br>• Good oral hygiene is essential<br>• If a smoker, offer smoking cessation support<br>• If using a steroid inhaler – rinse mouth after use, use a spacer, step down dose if appropriate<br>• 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. | ☐ |
| Provide patient information leaflet | ☐ |

## 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. |
| GP practice address | Click or tap here to enter text.<br>Click or tap here to enter text. |
| The following patient has attended this pharmacy for assessment and potential treatment of oral candidiasis: | |
| Patient name | Click or tap here to enter text. |
| Date of birth/CHI | Click or tap here to enter text. |
| Patient address | Click or tap here to enter text.<br>Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |

| Pharmacy Stamp |
|---|
| |
| Pharmacist name<br>Click or tap here to enter text. |
| GPhC number 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<br>(White spots or plaques in mouth which can be wiped off leaving red patches.) | ☐ |
| Identified risk factor for oral thrush (specify all)<br>Click or tap here to enter text. | ☐ |
| **Treatment** | |
| Your patient has been supplied with 1 x 30mL nystatin oral suspension 100,000 units/mL<br>(Apply to affected areas FOUR times a day after food for a maximum of 7 days) | ☐ |
| Treatment supplied due to unavailability of miconazole oral gel | ☐ |
| Your patient is unsuitable for treatment via PGD for the following reasons and has been referred:<br>Click or tap here to enter text. | ☐ |

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.

| | |
|---|---|
| **Consent**:<br>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. | Consent received<br>☐ |

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