

# Pediatric Thrush

Last Modified on 03/20/2023 1:43 pm EDT

## Thrush in Pediatric Patients Standing Order

**EFFECTIVE DATE:** \_\_\_\_\_

**APPROVED FOR USE AS A POPULATION BASED STANDING ORDER BY:** \_\_\_\_\_

**PURPOSE:** To provide a population-based standing order for pediatric patients with classic symptoms of thrush without complications: Fever, Drinking very little and signs of dehydration (no urine > 8 hours, sunken soft spot, very dry mouth, no tears, etc.), Newborn (< 1 month old) and starts to look or act abnormal in any way (e.g., decrease in activity or feeding), child sounds very sick or weak to the triager, or bleeding.

**POLICY:** This standing order follows AAP recommendations in addition to Schmitt-Thompson nurse triage protocols and is to be implemented by the registered nurse as part of the telephone triage encounter.

**PROCEDURE:**

1. The RN will follow Clear Triage software assessment pathway using Schmitt-Thompson approved protocols for nurse triage to include "Thrush"
2. The RN will screen the patient for complicated symptoms or history to include fever, hydration status, level of consciousness, and bleeding. If the patient answers "yes" to any complicating factors or history the RN will advise the patient according to the care advice found in the selected protocol. If the patient answers "no" to any complicating factors or history the RN may continue with procedure for standing order.
3. Symptomatic patients without complicating factors or history will be treated with \_\_\_\_\_.
1. RN will provide the patient with care advice as indicated by Schmitt-Thompson protocols in Clear Triage software to include reasons to call back i.e., Thrush becomes worse on treatment or Thrush lasts over 2 weeks.