Institution:

Validity period:

CLINICAL situation OR TARGET POPULATION

**Person 14 years of age or older who is receiving or has received cancer therapy and has one or more of the following signs and symptoms in the mouth or pharynx:**

* Pain;
* Irritation or inflammation with erythema;
* Ulcers;
* Mucosal thickening;
* Thickening or absence of saliva;
* Cracks, fissures or bleeding;
* Difficulty opening the mouth (trismus);
* Difficulty drinking, eating or swallowing.

**OR**

**Person between the ages of 6 and 13 years inclusive, who is able to express their pain and rinse their mouth, who is receiving or has received cancer therapy, and who has one or more of the following signs and symptoms in the mouth or pharynx:**

* Pain;
* Irritation or inflammation with erythema;
* Isolated ulcers;
* Difficulty drinking, eating or swallowing.

HEALTH PROFESSIONALS OR OTHER PERSONS CONCERNED BY THIS PRESCRIPTION [[1]](#footnote-1)

* *Health-care facilities that wish to draft a collective prescription using this template* ***must specify in this section the health professional(s) or group(s) of health professionals*** *who can execute this prescription. The instruction in italics (!) must then be deleted from the version that will be made available.*

contrAindications TO USING THIS PRESCRIPTION

* The same contraindications as those listed for applying Québec national medical protocol No. 888029, namely:
* A contraindication or a history of allergic reaction to the use of the recommended medications;
* The presence of fever (suggestive of febrile neutropenia or a bacterial infection);
* The presence of signs and symptoms suggestive of oral candidiasis, such as white patches that peel off more or less easily and that can be scraped off with a tongue depressor, a cottony sensation or a metallic taste in the mouth[[2]](#footnote-2).

**In a person under 14 years of age:**

* The inability to visually assess the oral cavity;
* The presence of a foul odour in the oral cavity suggestive of a bacterial infection;
* Signs of dehydration, lethargy;
* The presence of at least one of the following signs and symptoms suggestive of advanced mucositis in the mouth or pharynx:
* Cracks, fissures or bleeding;
* Confluent ulcers (i.e., touching one another);
* Mucosal thickening;
* Thickening or absence of saliva;
* Difficulty opening the mouth (trismus).
* Not able to administer the oncology mouthwash containing a corticosteroid to a person with ENT cancer [[3]](#footnote-3).

QUÉBEC’S NATIONAL MEDICAL PROTOCOL

Refer to current Québec’s national medical protocol No. 888029, written by the Institut national d’excellence en santé et en services sociaux and available on its website, when executing this prescription.

Limits or situations where a consultation with a prescriber is mandatory

* The occurrence of a fever;
* The occurrence of an allergic reaction or intolerance to the treatment;
* No improvement in the signs or symptoms suggestive of oropharyngeal mucositis within 48 hours after the start of treatment;
* Worsening of the signs or symptoms suggestive of oropharyngeal mucositis;
* Deterioration in the person's overall health[[4]](#footnote-4);
* Difficulty swallowing or the inability to eat or drink for more than 24 hours;
* Signs of dehydration (excluding dry mouth);
* The presence of at least one of the following signs and symptoms suggestive of an advanced stage of oral or pharyngeal mucositis:
* Unbearable pain;
* Bleeding lasting more than 2 minutes;
* Cracks or fissures.

documentING

Complete the community pharmacist liaison form, if need be. A liaison form template specific to this project was developed in conjunction with the advisory committee and is available on [INESSS’s website](https://www.inesss.qc.ca/thematiques/medicaments/protocoles-medicaux-nationaux-et-ordonnances-associees/protocoles-medicaux-nationaux-et-ordonnances-associees/muncosite-oropharyngee.html).

identification of responding PrescRiber

* *Health-care facilities that wish to draft a collective prescription using this template* ***must specify in this section the mechanism for identifying the responding prescriber,*** *who will have to be indicated on the liaison form upon individualization of this collective prescription. The instruction in italics (!) must then be deleted from the version that will be made available.*

implementation process

1. **Development of current version (identification of the prescriber or prescribers concerned and of the persons responsible, if applicable)**
2. **VALIDATION OF CURRENT VERSION (identification of the prescriber or prescribers concerned and of the persons responsible, if applicable)**
3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION’S CPDP**

Last name: First name:

Signature: Date:

1. **APPROVAL OF THE COLLECTIVE PRESCRIPTION BY THE SIGNING PRESCRIBERS (NON-INSTITUTIONAL)**

| Last and first name | License number | Signature | Telephone | Fax |
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1. **REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review:

Signature of responding prescriber (if applicable):

Signature: Date:

1. The health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training). [↑](#footnote-ref-1)
2. Refer to the [NMP on oral candidiasis in adults](https://www.inesss.qc.ca/thematiques/medicaments/protocoles-medicaux-nationaux-et-ordonnances-associees/candidose-buccale-chez-ladulte.html). [↑](#footnote-ref-2)
3. In the case of ENT cancer, the use of the lidocaine mouthwash is reserved for authorized prescribers. [↑](#footnote-ref-3)
4. Can present as irritability or lethargy in children. [↑](#footnote-ref-4)