

CANDIDIASIS, ORAL (THRUSH)

I. DEFINITION:

Superficial fungal infection of the oral cavity, occurs primarily in infants.

II. ETIOLOGY:

Causative agent is *Candida albicans* which is usually acquired from the following sources: mother's vagina during birth, other infants, adult with vaginal candidiasis, client's own candidal diaper dermatitis, or secondary to broad spectrum antibiotic therapy, corticosteroids, HIV, or other immunosuppression.

III. CLINICAL FEATURES:

- A. Often asymptomatic but may have trouble feeding and swallowing with extensive involvement.
- B. White, irregularly shaped plaques appear on the buccal mucosa, lips, palate, and gums. May produce a confluent white covering on the tongue; may spread into the trachea, esophagus, and angles of mouth and become a chronic process.
- C. Lesions are removable leaving a mildly inflamed base.
- D. Client may have candidal diaper dermatitis.

IV. MANAGEMENT PLAN:

A. General

- 1. All caretakers should wash hands carefully before nursing, feeding or handling the infant.
- 2. Infants should not be allowed to share pacifiers, nipples, or toys that will be put in the mouth. Pacifiers and toys should be washed thoroughly at the beginning and end of treatment.
- 3. Nipples used in bottle feeding should be thoroughly washed and sterilized after each use.
- 4. Refer to PHYSICIAN APPROVED PROTOCOL: DERMATITIS/DIAPER
- 5. General oral care, tooth and gum cleaning or brushing, should be encouraged.
- 6. Offer water after feeding.

B. Consultation/Referral:

- 1. Observe for sign of failure-to-thrive or poor hydration and refer appropriately.
- 2. Refer to physician or APRN.
- 3. Refer contact with vaginitis for treatment (if applicable).

C. Follow-up:

Determine tracking priority utilizing professional judgment.

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