





Medical Directive

Title:	Assessment and Treatment of Pharyngitis in Adults (over 15 yo)	Assigned Number:	013
Activation Date:	July 1, 2011	Review due by:	December 2023
Approval Signature & Date			
Medical Director: <u></u>		Date Reviewed: <u>March 10, 2023</u>	
Clinical Services Director: <u></u>		Date Reviewed: <u>March 10, 2023</u>	
Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:		
Assessment for and treatment of Pharyngitis in Adults (over 15 yo) by Registered Nurses and Registered Practical Nurses, in person.			
Recipient Patients:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:		
All active adult patients (over 15 yo) of the Thames Valley Family Health Team physicians, identified on the Authorizer Approval Form, who require assessment for and treatment of Pharyngitis.			
Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:		
Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN)* * The implementing RN/RPN must receive orientation with regards to the task by completing the Implementer Performance Readiness Form(s), (+/- quiz). The RN/RPN must sign the Implementer Performance Readiness form electronically, via HR Downloads (Appendix 8) after successful completion of the orientation (and quiz, if applicable). Following review of this directive and successful educational orientation, the Implementer Approval form must be signed electronically via HR Downloads by the RN/RPN indicating acceptance of this medical directive.			
Indications:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 11 - Pharyngitis Order Treatment Table for Adults over 15 yo		

1. Verbal consent received from the patient/substitute decision maker for the implementing RN/RPN to assess and treat the Pharyngitis
2. The primary purpose of treatment is **the prevention of acute rheumatic fever.**
3. Patient symptoms consistent with **Pharyngitis***:

After a clinical assessment, where you conclude the patient has an uncomplicated upper respiratory tract infection with a sore throat, determine the patient's **total sore throat score** by assigning points according to the following criteria:

Step 1

Criteria	Points
• Temperature > 38 C	1
• Absence of Cough	1
• Swollen, tender anterior cervical nodes	1
• Tonsillar swelling or exudates	1
• Age between 15-44 yo	0
• Age over 45 yo	-1

Step 2

Choose the appropriate management according to the sore throat score:

Total Score	Risk of Streptococcal Infection (%)	Suggested Management
0	1 - 2.5	No testing/culture or antibiotic
1	5 - 10	
2	11-17	Perform culture OR office Rapid antigen test (not both); Treat only if test is positive for Group A Strep (*Antibiotics treatment only reduce symptoms by 16 hours and empiric treatment not recommended by multiple bodies; America College of Physicians, Centers of Disease Control, Australia/ New Zealand given the risk of overtreatment of almost 50% individuals)
3	28 – 35	
4 or more	51 - 53	

Note: 80-90% of the time, uncomplicated pharyngitis is NOT a Group A Streptococcal infection (i.e., Strep Throat) and does NOT require antibiotic therapy. Antibiotic treatment within 9 days of the onset of illness is effective in preventing acute rheumatic fever.

For treatment of Pharyngitis refer to the attached "Order Treatment Table for Pharyngitis in the Adult over 15 yo" (Appendix 11)

* *Anti-Infective Guidelines for Community Acquired Infections – 2019 Edition*

Contraindications:

1. No verbal consent from patient/substitute decision maker for implementer to implement this medical directive
2. Patient is under 15 years old (see separate Medical Directive for Treatment of Pharyngitis in Children)
3. Abnormal liver or kidney function (ALT, ALP, Bilirubin, eGFR, Creatinine).

For these patients the symptoms are reviewed and documented by the implementer. The implementer then books the patient for an urgent appointment with the physician or nurse practitioner and/or consults with the physician or nurse practitioner for further direction on patient care: in a timely manner as per usual practice with urgent calls.

Consent:**Appendix Attached:** ☐ Yes ☒ No**Title:**

1. Patients of Thames Valley Family Health Team family physicians
2. Implementer obtains verbal patient/substitute decision maker consent prior to the implementation of care

Guidelines for Implementing the Order/ Procedure:**Appendix Attached:** ☒ Yes ☐ No**Title:** [Appendix 11 - Pharyngitis Order Treatment Table for Adults over 15 yo](#)

For assessment and treatment of patients who meet the indications described above:

- The implementer assesses the patient for symptoms of Pharyngitis according to the symptoms in “Indications” including use of POCT diagnostic tools (i.e. rapid strep test)
- The implementer documents the assessment in the EMR as per usual documentation*
- The implementer assesses the patient for allergies to previously used preparations, and documents any previously undocumented allergies in the EMR
- Prior to prescribing, ensure that the patient has normal liver and kidney function (ALT, ALP, Bilirubin, eGFR > 60 mL/min/1.73 m², Creatinine). If there are no results on the chart over the past 12 months, the patient should be asked if they were ever told that they have abnormal kidney or liver function
- Prior to prescribing an antibiotic, ensure that the patient is not taking any other medications that may interact with an antibiotic, in particular blood thinning products (eg. Warfarin, apixaban, rivaroxaban, edoxaban, dabigatran, by assessing with a drug interaction checker (i.e., LexiComp via UpToDate)
- The implementer advises the patient/substitute decision maker that if symptoms do not resolve within 3-5 days to set up an appointment with a physician or nurse practitioner

* *Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.*
College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Title:
<ol style="list-style-type: none"> 1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient's response should be documented, in the patient's medical record, in accordance with standard documentation practice. 3. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.* <p>* <i>Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.</i> <i>College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</i></p>	

Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Title:
<p>The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur:</p> <ol style="list-style-type: none"> 1. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made. 3. If new information becomes available between routine renewals, such as the publishing of new "Anti Infective Guidelines for Community Acquired Infections", and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director of the TVFHT and a minimum of one implementer. 	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Title:	
TVFHT Authorizer Approval Form signed in HR Downloads.	

Appendix 11: Pharyngitis Order Treatment Table for Adults Over 15 yo

Adults 15 years old or older	Viral 80-90% of the time Pharyngitis is NOT bacterial	<u>NO</u> Antibiotic OR Antiviral Treatment indicated	Viral features include: Conjunctivitis, cough, hoarseness, coryza, anterior stomatitis, discrete ulcerative lesions
Treatment 10 days unless otherwise stated	Bacterial Group A Strep	<u>First Line:</u> Penicillin V (drug of choice) Amoxicillin <u>Second Line:</u> Cephalexin Cefadroxil <u>Third Line:</u> Clarithromycin Azithromycin	Recommended if no history of penicillin allergy 300 mg TID OR 600 mg BID 500 mg BID Recommended for use in patients with type IV hypersensitivity to penicillin (e.g., rash) 500 mg BID 1000 mg DAILY or 500 mg BID Recommended for use in patients with documented anaphylaxis to penicillin due to increased antibiotic resistance and adverse events 250 mg BID 500 mg day 1, 250 mg day 2-5

Anti-Infective Guidelines for Community Acquired Infections – 2019 Edition
Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America (<https://academic.oup.com/cid/article/55/10/e86/321183?login=false>)