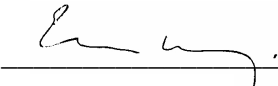





Medical Directive

Title:	Assessment and Treatment of Pharyngitis in Children: 3 to under 15 years old	Assigned Number:	014
Activation Date:	July 1, 2011	Review due by:	December 2025
Approval Signature & Date			
Medical Director: 		Date Reviewed: <u>January 13, 2023</u>	
Clinical Services Director: 		Date Reviewed: <u>January 13, 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 Children between the age of 3 to under 15 years old by Registered Nurses/ Registered Practical Nurses in person.			
Recipient Patients:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title:		
All active pediatric patients (ages 3 to under 15 years old) of the TVFHT 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)*			
<p>* 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.</p>			

Indications:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 12 - Order Treatment Table for Pharyngitis in Children between ages 3 and under 14 years old
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1. Verbal consent received from the patient/substitute decision maker for the implementing implementer 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 3 to under 15 years old	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) If Rapid antigen test is negative , perform culture and treat if culture positive for Group A Strep. A confirmation culture is required for children and adolescents due to the higher prevalence of Group A Strep.
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 Children between ages 3 to under 15 years old” (Appendix 12)

Contraindications:

1. No verbal consent from patient /substitute decision maker for implementer to implement this medical directive.
2. Patient is under 3 years
3. Symptoms are not concordant with the symptoms mentioned under “Indications”
4. Those individuals who have a history of rheumatic fever, valvular heart disease and /or immunosuppression.
5. 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. Substitute decision makers of patients (ages 3 to under 15 years old) of Thames Valley Family Health Team family physicians
2. Implementer obtains verbal consent from the patient’s substitute decision maker prior to the implementation of care.

Guidelines for Implementing the Order/ Procedure:

Appendix Attached: ☒ Yes ☐ No

Title: [Appendix 12 - Order Treatment Table for Pharyngitis in Children between ages 3 and 14 years old](#)

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, documents in the EMR any previously undocumented allergies.
- The implementer will advise the patient/substitute decision makers to treat Pharyngitis according to the attached **Order Treatment Table for Pharyngitis in Children between ages 3 to under 15 years old (Appendix 12)**. A prescription is provided as per usual standard with the family physician or on-call physician’s name on the prescription.
- Prior to prescribing, ensure that the patient has normal liver and kidney function (ALT, ALP, Bilirubin, eGFR, Creatinine). If there are no results on the chart over the past 12 months, the patient/substitute decision maker 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 (e.g., Warfarin, New Oral Anticoagulants (NOAC’s), by assessing with a drug interaction checker (I.e., LexiComp via UptoDate)
- The implementer advises the patient/substitute decision makers that if symptoms do not resolve within a few days to set up an appointment with a physician or nurse practitioner or call the implementer

* *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 physician/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>* Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur. 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 implementing 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 12: Pharyngitis Order Treatment Table for Children Ages 3 to < 15 years old

Children 3 to under 15 years old	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 specified	Bacterial Group A Strep	<u>First Line:</u> (no history of penicillin allergy) Penicillin V Although Penicillin V is first-line therapy, in pediatrics amoxicillin is often chosen first line due to its improved oral palatability* The only available penicillin V is only available as a 300 mg tablet in Canada so prescribe accordingly Amoxicillin	≤ 27 kg: 40mg/kg/day divided BID-TID (Maximum 750mg daily) > 27 kg: Use adult dose 600 mg BID 50 mg/kg/day once daily or divided BID (Maximum; 1g/day)
		<u>Second Line:</u> Recommended for use in patients with type IV hypersensitivity to penicillin (e.g., rash) Cephalexin Recommended for use in patients with documented anaphylaxis to penicillin due to increased antibiotic resistance and adverse events Clarithromycin Azithromycin	40 mg/Kg/day divided BID (Maximum: 1 g/day; for age ≥ 12 , 500 mg per dose) 15mg/kg/day divided BID (Maximum: 500 mg / day) 12mg/kg daily for 5 days (Maximum: 500 mg / day)

Anti-Infective Guidelines for Community Acquired Infections – 2019 Edition

Group A streptococcal (GAS) pharyngitis: A practical guide to diagnosis and treatment

(<https://cps.ca/en/documents/position/group-a-streptococcal>)

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>)

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3462086/>