



Medical Directive

Assessment and Treatment of Pharyngitis in Children

Assigned Number: 014

Activation Date: July 1, 2011

Review due by: December 2026

Approval Signature & Date

Medical Director:

Date Reviewed: April 15, 2025

Clinical Services Director:

Date Reviewed: April 15, 2025

Order and/or Delegated Procedure:

Appendix Attached: ☐ Yes ☒ No

Assessment for and treatment of Pharyngitis, in patients ages 3 to 14 years old.

Recipient Patients:

Appendix Attached: ☐ Yes ☒ No

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:

Appendix Attached: ☐ Yes ☒ No

Thames Valley Family Health Team Registered Nurses/Registered Practical Nurses (RN/RPN)*

The implementer must complete educational requirements for this medical directive, including review of the educational package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgement to safely enact the directive.



Indications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Patient is 3 to 14 years of age complaining of a sore throat or symptoms associated with pharyngitis. The primary purpose of treatment is the prevention of acute rheumatic fever.													
Contraindications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
<ol style="list-style-type: none"> 1. Patient is under 3 years old, or over 14 years old- Medical Directive 013- Assessment and Treatment of Pharyngitis in Adults: 15 years of age and older may be appropriate. 2. Individuals who have a history of rheumatic fever, valvular heart disease and /or immunosuppression. 3. Known liver cirrhosis or liver failure. <p>*For these patients the symptoms are reviewed and documented by the implementer. The implementer then books the patient for an urgent appointment with the provider and/or consults with the provider for further direction on patient care in a timely manner as per usual practice with urgent calls.</p>													
Consent:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Informed verbal consent is obtained from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure , prior to the implementation of care.													
Guidelines for Implementing the Order/ Procedure:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appendix 1: Order Treatment Table for Pharyngitis in Children 3 to 14 Years of Age												
<ol style="list-style-type: none"> 1. Obtain a complete set of vital signs including weight. 2. Conduct a thorough throat assessment, including a visual and physical examination of the mouth, pharynx, and neck. 3. Based on the assessment, if the patient's presentation is consistent with pharyngitis, an uncomplicated upper respiratory tract infection accompanied by a sore throat, calculate the patient's total sore throat score by assigning points according to the following criteria: <table border="1" data-bbox="334 1598 1284 1948"> <thead> <tr> <th>Criteria</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Temperature >38°C</td> <td>1</td> </tr> <tr> <td>Absence of cough</td> <td>1</td> </tr> <tr> <td>Swollen/tender anterior cervical nodes</td> <td>1</td> </tr> <tr> <td>Tonsillar swelling or exudate</td> <td>1</td> </tr> <tr> <td>Age between 3 and 14 years old</td> <td>1</td> </tr> </tbody> </table>		Criteria	Score	Temperature >38°C	1	Absence of cough	1	Swollen/tender anterior cervical nodes	1	Tonsillar swelling or exudate	1	Age between 3 and 14 years old	1
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4. Choose the appropriate management according to the sore throat score using the table below:

Total Sore Throat Score	Risk of Streptococcal Infection (%)	Management (refer to Appendix 1)
0	1-2.5	No testing/culture or antibiotic
1	5-10	
2	11-17	Perform either a throat culture or a rapid antigen test. * If the rapid antigen test is negative, perform a throat culture for confirmation. A confirmation culture is particularly necessary for children and adolescents due to the higher prevalence of Group A Streptococcus in this age group.
3	28-35	
4 or more	51-53	Antibiotic treatment should only be initiated if the test is positive for Group A Streptococcus.

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.

Antibiotic treatment only reduces symptoms by approximately 16 hours, and empiric treatment is not recommended by several organizations, including the American College of Physicians, the Centers for Disease Control, and health authorities in Australia and New Zealand, due to the risk of overtreatment in nearly 50% of patients.

5. Provide health teaching on conservative sore throat management to all patients.
6. If patient requires treatment with antibiotics and prior to prescribing:
- Inquire about the patient's allergies to previously used medications and ensure that any undocumented allergies are recorded in the EMR
 - Ensure patient is not allergic to prescribed antibiotic
 - Ensure dosage appropriate for renal function (if there is no creatinine/eGFR within the past 12 months, the patient or substitute decision maker should be asked if they were ever told that they have abnormal kidney function)
 - Antibiotics listed on Appendix 1 that require dosage adjustments for renal function are indicated with a kidney symbol , consult [BC Renal reference](#) for recommended doses
 - Ensure that the patient is not taking any other medications that may interact with the prescribed antibiotic by assessing with a drug interaction checker (i.e. Lexicomp via UpToDate)
 - Provide prescription for appropriate antibiotic, per Appendix 1
7. Advise the patient/substitute decision maker to be seen by a physician or nurse practitioner if symptoms do not resolve within 3-5 days.
8. Communicate with primary care provider when a throat C&S was sent, requesting that they monitor the results and follow up as needed.

Adapted from: *Anti-Infective Guidelines for Community Acquired Infections—2024 Edition*; [RxFiles- Acute Pharyngitis: Management Considerations](#)—updated Nov 2024 ; [Group A streptococcal \(GAS\) pharyngitis: A practical guide to diagnosis and treatment | Canadian Paediatric Society](#)—updated Feb 2024



Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Appendix 2: Recommended Format for a Prescription or Requisition Pursuant to a Directive
<ul style="list-style-type: none"> • The implementer will follow the documentation standards set by their governing college. • In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive. • Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice. • Requisitions and prescriptions released must include the name and number of the directive, name of authorizer, name and signature of implementer. 	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:</p> <ol style="list-style-type: none"> 1. The Medical Director identifies a need for change 2. Issues arise related to the directive's use--the team must promptly communicate these concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director 3. New information becomes available between scheduled reviews, particularly if it affects outcomes <p>The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.</p>	
Approving Authorizer(s):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TVFHT Authorizer Approval Form signed in Citation Canada.	



Appendix 1

Pharyngitis Order Treatment Table for Children Ages 3 to 14 Years Old

Viral	
<p>Viral features include:</p> <ul style="list-style-type: none"> conjunctivitis cough hoarseness coryza anterior stomatitis discrete ulcerative lesions <p>80-90% of the time Pharyngitis is NOT bacterial <u>NO</u> Antibiotic OR Antiviral Treatment is Indicated</p>	
Bacterial (Group A Strep- positive result)	
First Line- recommended if not history of penicillin allergy	
<p>Penicillin V (oral tablets) *in pediatrics, amoxicillin is often chosen first due to improved oral palatability* Note: Penicillin V only available in 300mg tabs in Canada</p>	
Less than or equal to 27kg: 40mg/kg/day divided BID (max 750mg daily)	X10 days
Greater than 27kg: 300mg TID or 600mg BID	X10 days
<p>Amoxicillin (oral capsules or suspension)</p>	
50mg/kg/day once daily or divided BID (max 1g daily)	X10 days
Second Line- recommended for patients with hypersensitivity to penicillin (ie rash)	
<p>Cephalexin (oral tablets or suspension)</p>	
3-11 years old: 40mg/kg/day divided BID (max 1g daily)	X10 days
12 years and older: 500mg BID	X10 days



Third Line- recommended for use with documented anaphylaxis to Penicillin due to increased antibiotic resistance and adverse events

Clarithromycin 🦿 (oral tablets or suspension)

15mg/kg/day divided BID
(max 500mg daily)

X10 days

Azithromycin (oral tablets or suspension)

12mg/kg daily
(max 500mg daily)

X5 days

🦿 = requires dose adjustment for impaired renal function, consult [BC Renal reference](#) for recommended doses

Anti-infective Guidelines for Community Acquired Infections—2024 Edition

[RxFiles- Acute Pharyngitis: Management Considerations](#)—updated Nov 2024

[Group A streptococcal \(GAS\) pharyngitis: A practical guide to diagnosis and treatment | Canadian Paediatric Society](#)—Feb 2024