Thames Valley
Family Health Team

Medical Directive

Assessment and Treatment of Pharyngitis in Adults (≥15yrs)	**Assigned Number: 013**
Activation Date: July 1, 2011	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Assessment for and treatment of Pharyngitis in patients 15 years of age and older.

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.

Thames Valley
Family Health Team

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Patient is 15 years of age or older 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:** ☐ **Yes** ☒ **No**
1. Patient is under 15 years old- Medical Directive 014- Assessment and Treatment of Pharyngitis in Children: 3 to 14 years of age may be appropriate 2. Known liver cirrhosis or liver failure *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.	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **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:** ☒ **Yes** ☐ **No** Appendix 1: Pharyngitis Order Treatment Table for adults 15 years of age or older

1. Obtain vitals and conduct a thorough throat assessment, including a visual and physical examination of the mouth, pharynx, and neck.

2. 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/Centor score** by assigning points according to the following criteria:

Criteria	Score
Temperature >38°C	1
Absence of cough	1
Swollen/tender anterior cervical nodes	1
Tonsillar swelling or exudate	1
Age between 15-44 years old	0
Age over 45 years old	-1

3. 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. Antibiotic treatment should only be initiated if the test is positive for Group A Streptococcus.
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.

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.

4. Provide health teaching on conservative sore throat management to all patients.
5. 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 past 12 months, the patient 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
6. Advise the patient/substitute decision maker to be seen by a physician or nurse practitioner if symptoms are not resolved within 3-5 days.
7. 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. 2025); and FIRSTLINE, Saskatchewan Health Authority Antimicrobial Guidelines.*

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- 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 (refer to Appendix 2).

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

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.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.

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Appendix 1:
Pharyngitis Order Treatment Table for Adults 15 Years of Age or Older

Viral	
Viral features include: • conjunctivitis • cough • hoarseness • coryza • anterior stomatitis • discrete ulcerative lesions *80-90% of the time Pharyngitis is NOT bacterial— **NO Antibiotic OR Antiviral Treatment indicated**	
Bacterial (Group A Strep- positive test result)	
First Line- recommended if no history of penicillin allergy	
Penicillin V (oral tablets) *drug of choice	
600 mg BID	X5 days
Amoxicillin (oral capsules or suspension)	
500 mg TID	X5 days
Second Line- recommended for patients with hypersensitivity to penicillin (ie rash)	
Cephalexin (oral tablets or suspension)	
500 mg BID	X5 days
Third Line- recommended for patients with documented penicillin anaphylaxis, due to higher antibiotic resistance and adverse events	
Clarithromycin (oral tablets or suspension)	
500 mg BID	X5 days

= requires dose adjustment for impaired renal function, consult BC Renal reference for recommended doses

Adapted from: *Anti-Infective Guidelines for Community Acquired Infections (2024 Edition); RxFiles – Acute Pharyngitis: Management Considerations (updated Nov. 2025); and FIRSTLINE, Saskatchewan Health Authority Antimicrobial Guidelines.*