

*Taddle Creek*

## MEDICAL DIRECTIVE

### Family Health Team

<b>Title:</b>	<u>GABHS Pharyngitis</u>	<b>Number:</b>	<u>TCFHT-MD13</u>
<b>Activation Date:</b>	<u>09-Sep-2014</u>	<b>Review Date:</b>	<u>09-Sep-2015</u>
<b>Next Review:</b>	<u>09- Sept - 2016</u>		

**Sponsoring/Contact Person(s)**  
(name, position, contact particulars): Shazmah Hussein, RN, BScN – [shussein@tcfht.on.ca](mailto:shussein@tcfht.on.ca)  
Dr. Trudy Chernin  
790 Bay Street, Suite 300, Toronto  
416-960-1366

Sherry Kennedy, Executive Director – [skennedy@tcfht.on.ca](mailto:skennedy@tcfht.on.ca)  
790 Bay Street, Suite 306, Toronto  
416-260-1315, x307

<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Title:</b>
Assessment, diagnosis, and treatment of Group A Beta-Hemolytic Streptococcal pharyngitis (ie. Strep Throat) in adults (>15 years of age) in accordance with the conditions identified in this directive.	
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Title:</b> Appendix A – Authorizer Approval Form
Recipients must: <ul style="list-style-type: none"><li>• Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form</li><li>• Be 15 years of age or older</li><li>• Meet the conditions identified in this directive</li></ul>	
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Title:</b> Appendix B – Implementer Approval Form
Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).	
Implementers must complete the following preparation and sign the Implementer Approval Form:	
1. Assess own knowledge, skill and judgement to competently assess, diagnose and treat Group	

A Beta-Hemolytic Streptococcal pharyngitis.

2. Review "Evaluation of Acute Pharyngitis in Adults" (Chow & Doron, 2015), accessible from: <http://www.uptodate.com>
3. Review "Pharyngitis (Sore Throat)" (Health Canada, 2011), accessible from: <http://www.hc-sc.gc.ca/fnihah-spnia/services/nurs-infirml/clin/adult/ent-ori-eng.php - a21>
4. Review Pharyngitis chapter from "Anti-infective Guidelines for Community-Acquired Infections", most current edition.
5. Review "Symptomatic treatment of acute pharyngitis in adults." (Stead, 2014), accessible from: <http://www.uptodate.com>
6. Review "Treatment and Prevention of Streptococcal Tonsillopharyngitis" (Pichichero, 2015), accessible from: <http://www.uptodate.com>
7. Review "Diagnosis and Treatment of Streptococcal Pharyngitis" (Choby, 2009), accessible from: <http://www.aafp.org/afp/2009/0301/p383.html>
8. Review guidelines for collecting a throat swab specimen, accessible from <https://www.dynacare.ca/specialpages/secondarynav/find-a-test/nat/throat%C2%A0culture.aspx?sr=ont&st=throat&>
9. Review and become familiar with antibiotics recommended for treatment (in Anti-Infective Guidelines) in pharmacology reference text and/or CPS.
10. An authorizing primary care provider must supervise 3 cases.

**Indications:**

Appendix Attached:  No  Yes  
Title:

- Eligible patients who present with abrupt onset of sore throat in addition to 1 or more of the following symptoms: fever, cervical lymphadenopathy, enlarged tonsils, and/or tonsillar exudates.
- Eligible patient has a positive Rapid Antigen Detection Test for GABHS infection

**Contraindications:**

- No verbal consent from patient/substitute decision maker for implementer to apply directive.
- Patient is <15 years of age
- Recurrent GAS pharyngitis

**Consent:**

Appendix Attached:  No  Yes  
Title:

- Patient's consent is implied for implementer to assess and treat GABHS pharyngitis, as patient has presented seeking treatment and is a Family Health Team patient, where interprofessional practice is expected.
- Patient informed of purpose of testing, including when results will be available, and follow up required if test is positive or negative
- Patient able to give informed consent, is cooperative, and does not need restraint

**Guidelines for Implementing the Order/Procedure:**

Appendix Attached:  No  Yes  
Title: Appendix C – Order Treatment Table for GAS Pharyngitis in Adults >15 years

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

- Implementer performs assessment including:
  - History (presenting symptoms, past history of GAS pharyngitis and treatment, allergies, recent contacts)
  - Physical assessment (temperature, head and neck examination, chest (if warranted))
- Implementer utilizes the following **Clinical Decision Rule for Management of Sore Throat** (Anti-infective Review Panel, 2013) to calculate throat score and determine appropriate course of action as per total throat score:

**Clinical Decision Rule for Management of Sore Throat**

**Step 1**

Criteria	Points
Temperature > 38 C	<b>1</b>
Absence of Cough	<b>1</b>
Swollen, tender anterior cervical nodes	<b>1</b>
Tonsillar swelling or exudates	<b>1</b>
Age 15-44	<b>0</b>
Age > 45	<b>-1</b>

**Step 2**

**Choose the appropriate management according to the sore throat score:**

Total Score	Risk of GABHS Infection (%)	Suggested Management
0 or less 1	1-2.5 5-10	No culture or antibiotic required.
2 3	11-17 28-35	Perform culture or Rapid Antigen Test. Treat with antibiotic only if test is positive for GABHS.
4 or more	51-53	Start antibiotic therapy on clinical grounds (patient has high fever or is clinically unwell and presents early in the disease course). If culture or Rapid antigen test is performed and result is negative then antibiotic should be discontinued.

- Implementer performs point-of-care Rapid Antigen Test, if suggested according to the above Clinical Decision Tool
- If the Rapid Strep Test is positive, implementer communicates with patient that he/she likely has GAS pharyngitis.
  - The implementer will advise the patient/substitute decision maker to treat Pharyngitis according to the attached **Order Treatment Table (Appendix D)**.
  - Implementer assesses the patient for allergies and documents in the EMR.
  - The implementer will prepare a Prescription using the supervising primary care provider

initials in Practice Solutions. Prescription should be signed as below:

- Signature
  - Implementer Name/Primary Care Provider (Medical Directive # TCFHT-MD13)
- Implementer provides patient with education of common side effects of antibiotics prescribed, when to expect resolution of symptoms, and when to seek further medical assistance.
- If the Rapid Strep Test is negative, implementer performs a throat culture if other clinical factors lead implementer to suspect streptococcal infection (ex. confirmed contact, high fever) and in adults who are at higher risk for severe infections (eg. Poorly controlled diabetes mellitus, immunocompromised, or on chronic steroids).
  - Implementer will prepare lab requisition for throat swab culture and sensitivity using the supervising primary care provider initials in Practice Solutions. Lab requisition should be signed as below:
    - Signature
    - Implementer Name/Primary Care Provider Name (Medical Directive # TCFHT-MD13)
  - Implementer to consult with primary care provider to determine alternative etiology, diagnosis, and treatment if Rapid Strep Test and/or throat swab for culture and sensitivity are negative for GAS pharyngitis (ex. viral upper respiratory tract infection, infectious mononucleosis, peritonsillar abscess).
- Implementer documents the encounter in the EMR, using **TCFHT-MD13 stamp**.
- The implementer will review with the patient/substitute decision maker interventions for symptom management (ex. rest, hydration, saline gargles, warm tea and over the counter antipyretics and analgesics, such as ibuprofen or acetaminophen).
- Implementer will educate the patient with cough and no fever in addition to their sore throat to stay home and to monitor themselves. They should be cautioned to present for evaluation if fever develops, if they have difficulty swallowing or if they develop any of the following unusually severe symptoms: secretions, drooling, dysphonia, muffled "hot potatoe" voice or neck swelling.
- The implementer advises the patient/substitute decision maker that if symptoms do not improve within 48 days, they should see their primary care provider.
- Implementer will follow up with lab results promptly (if applicable) when available and review with the patient's primary care provider.

Rebekah Barrett 2014-4-22 9:16 AM

**Comment [1]:** Need to create stamp in PSS.

**Documentation and Communication:**

**Appendix Attached:** \_\_\_ No  Yes

**Title:** Appendix D – TCFHT-MD13 Stamp; Appendix E – Sample Lab Requisition; Appendix F – Sample Prescription

- Documentation in the patient's EMR needs to include: name and number of directive, name of implementer (including credentials), and name of patient's physician/nurse practitioner who has authorized directive.
- Information regarding implementation of the procedure and the patient's response should be documented in the patient's EMR, in accordance with standard documentation practice (CNO, 2008; Potter & Perry, 2006).
- Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.
- RN will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen and to review note in EMR.

Rebekah Barrett 2014-4-22 9:16 AM

**Comment [2]:** Need to create stamp in PSS.

**Review and Quality Monitoring Guidelines:**Appendix Attached:  No  Yes  
Title:

- Review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the approved implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a minimum of one implementer.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

**References:**

Anti-infective Review Panel. (2013). *Anti-infective Guideline for Community-acquired Infections*. Toronto: MUMS Guideline Clearinghouse.

Choby, B.A (2009). Diagnosis and Treatment of Streptococcal Pharyngitis. *American Family Physician*; 79(5): 383-390. Retrieved from <http://www.aafp.org/afp/2009/0301/p383.html>

Chow, A.W., & Doron, S. (2015). *Evaluation of Acute Pharyngitis in Adults*. Retrieved from [http://www.uptodate.com/contents/evaluation-of-acute-pharyngitis-in-adults?source=search\\_result&search=pharyngitis&selectedTitle=1%7E150](http://www.uptodate.com/contents/evaluation-of-acute-pharyngitis-in-adults?source=search_result&search=pharyngitis&selectedTitle=1%7E150)

College of Nurses of Ontario. (2008). *Practice Standard: Documentation*. Retrieved from [http://www.cno.org/Global/docs/prac/41001\\_documentation.pdf](http://www.cno.org/Global/docs/prac/41001_documentation.pdf)

Pichichero, M. (2015). *Treatment and Prevention of Streptococcal Tonsillopharyngitis*. Retrieved from [http://www.uptodate.com/contents/treatment-and-prevention-of-streptococcal-tonsillopharyngitis?source=see\\_link](http://www.uptodate.com/contents/treatment-and-prevention-of-streptococcal-tonsillopharyngitis?source=see_link)

Stead, W. (2014). *Symptomatic Treatment of Acute Pharyngitis in Adults*. Retrieved from [http://www.uptodate.com/contents/symptomatic-treatment-of-acute-pharyngitis-in-adults?source=see\\_link](http://www.uptodate.com/contents/symptomatic-treatment-of-acute-pharyngitis-in-adults?source=see_link)

Potter, P.A. & Perry, A.G. (2006). *Fundamentals of Nursing*. St. Louis: Mosby.

Rebekah Barrett 2014-5-21 3:01 PM

**Comment [3]:** Add Health Canada Reference  
<http://www.hc-sc.gc.ca/fniiah-spnia/services/nurs-infirm/clin/adult/ent-ori-eng.php#a21>





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**Appendix C**
**Order Treatment Table for GABHS Pharyngitis in Adults >15 years**

**Goals of treatment:** Eradicate infection, prevent complications, prevent spread of group A Streptococcus.

Adults • 15 years old	<b>Viral</b> 80-90% of the time Pharyngitis is NOT bacterial	<b>NO Antibiotic OR Antiviral Treatment indicated</b>	Viral features include: Conjunctivitis, cough, hoarseness, coryza, anterior stomatitis, discrete ulcerative lesions
Treatment for 10 days	<b>Bacterial</b> Group A Strep	<b>First Line:</b>  <b>Penicillin V</b>	300mg TID or 600mg BID
		<b>Second Line:</b>  <b>Erythromycin</b>	250 mg QID
		<b>Third Line:</b>  <b>Cephalexin</b>	250 mg QID
		<b>Cephalexin</b>	500 mg BID
		<b>Cefadroxil</b>	250 mg BID
		<b>Cefuroxime - AX</b>	250 mg BID
		<b>Cefprozil</b>	250 mg BID
		<b>Clarithromycin</b>	500 mg on first day then 250 mg x4 days
		<b>Azithromycin</b>	

(Anti-infective Review Panel, 2013)



## Appendix D

### TCFHT-MD13 STAMP

S: •; reports • day hx of «sore throat,»« fever,»« and» «tender/swollen neck lymph nodes»  
 «no cough, no nasal congestion or other flu-like symptoms»  
 has «not» had Strep throat in the past - •  
 «no» confirmed close contacts with Strep; •

O: Temp: •  
 «no» anterior cervical lymphadenopathy  
 «no» pharyngeal erythema  
 «no» tonsillar swelling  
 «no» tonsillar purulent exudates  
 Chest auscultation: •

Throat Score:  
 («1» «0») Temp > 38 Deg.C  
 («1» «0») Absence of cough  
 («1» «0») Swollen, tender ant. cervical nodes  
 («1» «0») Tonsillar swelling or exudates  
 («1» «0») Age 15-44 yr  
 («-1» «0») Age > 45 yr  
 Total score: •

Rapid Antigen Test: •

A: «GAS pharyngitis» «likely viral URI»

P:  
 «- treatment with antibiotics (see below)»  
 «- throat C&S»  
 - reviewed symptom management - salt water gargles four times a day, lozenges, rest maintain good hydration, hand hygiene, warm tea, avoidance of irritants (ex. smoke)  
 - Tylenol or Advil for pain or if fever develops  
 «- RTC if symptoms persist or worsen after 48-72 hours of treatment»  
 «- provider to f/u with C&S results»  
 «- provider to notify primary care physician of patient encounter»  
 «- Monitor cough and fever; RTC or go to Emergency if fever develops, have difficulty swallowing, or develop any of the following unusual symptoms: secretions, drooling, dysphonia, muffled "hot potato" voice or neck swelling»

\*actions and interventions in accordance with Medical Directive TCFHT-MD13\_GABHS Pharyngitis

**Appendix E**

**TCFHT-MD13 SAMPLE LAB REQUISITION**

<p><b>Ontario</b> Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner</p>		<p><b>Laboratory Use Only</b></p>	
<p>Name Trudy Chernin</p> <p>Address 790 Bay Street, Suite 300, PO Box 5, Toronto, ON, M5G 1N8</p>		<p>Clinician/Practitioner's Contact Number for Urgent Results ( 416 ) 960-1366 Ext. _____ Version _____ Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	
<p>Clinician/Practitioner Number 271858</p> <p>CPSO / Registration No. _____</p>		<p>Health Number _____ Date of Birth yyyy mm dd 1964 03 27</p>	
<p>Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB</p>		<p>Province/Other Provincial Registration Number _____ Patient's Telephone Contact Number 416 417-2809</p>	
<p>Additional Clinical Information (e.g. diagnosis)</p>		<p>Patient's Last Name (as per OHIP Card) Millhouse</p> <p>Patient's First &amp; Middle Names (as per OHIP Card) Michael</p>	
<p><input type="checkbox"/> Copy to: Clinician/Practitioner Last Name: _____ First Name _____</p>		<p>Patient's Address (including Postal Code) 123 Bay Street Toronto, ON M1F 3G5</p>	
<p>Address _____</p>			
<p><b>Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory</b></p>			
<p><input checked="" type="checkbox"/> <b>Biochemistry</b></p> <p>Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting</p> <p>HbA1C</p> <p>Creatinine (eGFR)</p> <p>Uric Acid</p> <p>Sodium</p> <p>Potassium</p> <p>Chloride</p> <p>CK</p> <p>ALT</p> <p>Alk. Phosphatase</p> <p>Bilirubin</p> <p>Albumin</p> <p>Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C &amp; Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)</p> <p>Albumin / Creatinine Ratio, Urine</p> <p>Urinalysis (Chemical)</p> <p>Neonatal Bilirubin:</p> <p>Child's Age: _____ days _____ hours</p> <p>Clinician/Practitioner's tel. no. _____</p> <p>Patient's 24 hr telephone no. _____</p> <p>Therapeutic Drug Monitoring:</p> <p>Name of Drug #1 _____</p> <p>Name of Drug #2 _____</p> <p>Time Collected #1 _____ hr. #2 _____ hr.</p> <p>Time of Last Dose #1 _____ hr. #2 _____ hr.</p> <p>Time of Next Dose #1 _____ hr. #2 _____ hr.</p>		<p><input checked="" type="checkbox"/> <b>Hematology</b></p> <p>CBC</p> <p>Prothrombin Time (INR)</p> <p><b>Immunology</b></p> <p>Pregnancy Test (Urine)</p> <p>Mononucleosis Screen</p> <p>Rubella</p> <p>Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)</p> <p>Repeat Prenatal Antibodies</p> <p><b>Microbiology ID &amp; Sensitivities (if warranted)</b></p> <p>Cervical</p> <p>Vaginal</p> <p>Vaginal / Rectal – Group B Strep</p> <p>Chlamydia (specify source): _____</p> <p>GC (specify source): _____</p> <p>Sputum</p> <p>Throat</p> <p>Wound (specify source): _____</p> <p>Urine</p> <p>Stool Culture</p> <p>Stool Ova &amp; Parasites</p> <p>Other Swabs / Pus (specify source): _____</p>	
		<p><input checked="" type="checkbox"/> <b>Viral Hepatitis (check one only)</b></p> <p>Acute Hepatitis</p> <p>Chronic Hepatitis</p> <p>Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below</p> <p><b>Prostate Specific Antigen (PSA)</b></p> <p><input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA</p> <p>Specify one below: <input type="checkbox"/> Insured – Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured – Screening: Patient responsible for payment</p> <p><b>Vitamin D (25-Hydroxy)</b></p> <p><input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment</p> <p><b>Other Tests - one test per line</b></p>	
<p><i>I hereby certify the tests ordered are not for registered in or out patients of a hospital.</i></p> <p></p> <p>Shazmah Hussein, RN/Dr. Trudy Chernin Medical Directive TCFHT-MD13 X _____ 21/05/2014 Clinician/Practitioner Signature Date</p>		<p><b>Fecal Occult Blood Test (FOBT) (check one)</b></p> <p><input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form</p> <p><b>Laboratory Use Only</b></p>	

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**Appendix F**

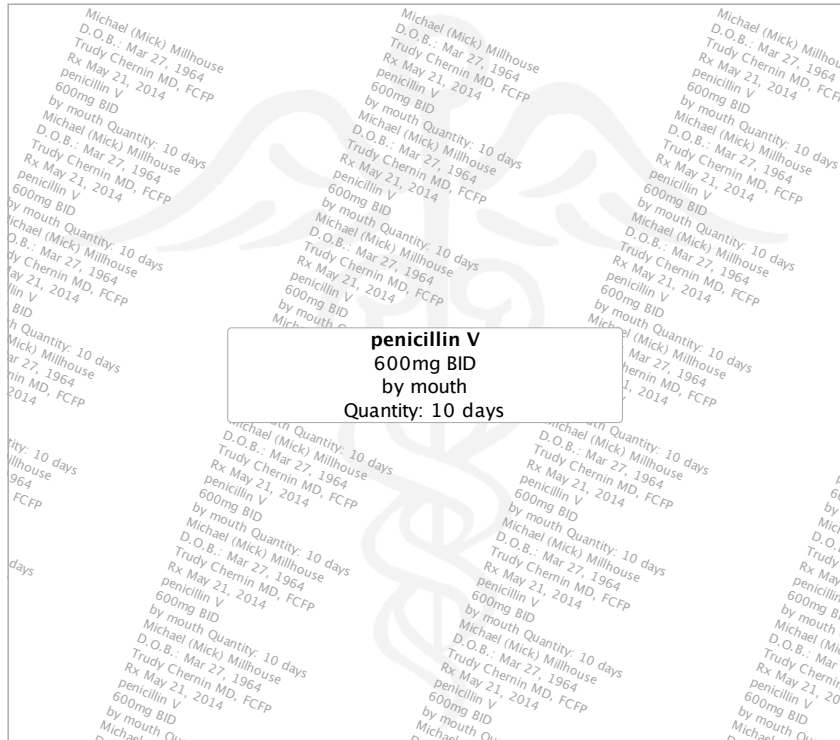
**TCFHT-MD13 SAMPLE PRESCRIPTION**

Last Updated 03-09-2015 by Shazmah Hussein, RN

Taddle Creek Family Health Team  
Trudy Chernin, B.Sc.(N), M.D., F.C.F.P.  
790 Bay St, Suite 300  
Toronto, ON, M5G 1N8  
Tel: 416-960-1366 Fax: 416-960-1945

**Rx** For: Michael (Mick) Millhouse  
123 Bay Street  
Toronto, ON  
M1F 3G5  
DOB: Mar 27, 1964 M  
416-417-2809 (H)

May 21, 2014



*[Signature]*  
Shazmah Hussein, RN/Dr. Trudy Chernin  
(Medical Directive # TCFHT-MD13)

Professional ID:

Trudy Chernin MD, FCFP