

# Taddle Creek

## Family Health Team

Title:	GABHS Pharyngitis	Number:	TCFHT-MD13
Activation Date:	09-Sep-2014	Review Date:	13-June-2017
Next Review:	13- 06- 2019		

**Sponsoring/Contact Person(s)**  
*(name, position, contact particulars):* Vicki McGregor, RN– vmcgregor@tcfht.on.ca  
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416-960-1366

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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: <ol style="list-style-type: none"><li>1. Assess own knowledge, skill and judgement to competently assess, diagnose and treat Group A Beta-Hemolytic Streptococcal pharyngitis.</li><li>2. Review “Evaluation of Acute Pharyngitis in Adults” (Chow &amp; Doron, 2018), accessible from: <a href="http://www.uptodate.com">http://www.uptodate.com</a></li></ol>	

3. [Review “Pharyngotonsillitis, Bacterial” \(Health Canada, 2017\), accessible from: http://www.hc-sc.gc.ca/fniah-spnia/services/nurs-infirm/clin/adult/ent-ori-eng.php#a21](http://www.hc-sc.gc.ca/fniah-spnia/services/nurs-infirm/clin/adult/ent-ori-eng.php#a21)
4. Review Pharyngitis chapter from “Anti-infective Guidelines for Community-Acquired Infections”, most current edition (new edition expected in summer of 2018)
5. Review “Symptomatic treatment of acute pharyngitis in adults.” (Stead, 2018), accessible from: <http://www.uptodate.com>
6. Review “Treatment and Prevention of Streptococcal Pharyngitis” (Pichichero, 2018), 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%2%A0culture.aspx?sr=ont&st=throat&> and [http://tests.lifelabs.com/Microbiology/MICRO-THROAT\\_C\\_S.aspx?s=1](http://tests.lifelabs.com/Microbiology/MICRO-THROAT_C_S.aspx?s=1)
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, tender cervical lymphadenopathy, enlarged tonsils, tonsillopharyngeal or uvular edema, tonsillar or pharyngeal exudate and/or scarlatiniform rash.
- 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
- Patient history of acute rheumatic fever or rheumatic heart disease

**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 complications (eg. History of acute rheumatic fever, poorly controlled diabetes mellitus, immunocompromised, or on chronic steroids), or young adults living in high risk settings such as college dormitories
  - 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, gonorrhea, acute HIV infection).
- 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, respiratory distress, stridor, “tripod” position, dysphonia, muffled “hot potato” voice, neck swelling, or lockjaw, stiff neck, crepitus.
- The implementer advises the patient/substitute decision maker that if symptoms do not improve within 48 hours of starting antibiotic treatment, 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.

**Documentation and Communication:**

**Appendix Attached:** \_\_\_ No X 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.

**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. (2018). *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. (2018). *Treatment and Prevention of Streptococcal Pharyngitis*. 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. (2018). *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.

### Appendix A:

### Authorizer Approval Form

Name

Signature

Date


**Appendix B:**

**Implementer Approval Form**

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

**Name**

**Signature**

**Date**

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## Appendix C

## Order Treatment Table for GABHS Pharyngitis in Adults &gt;15 years

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

Adults	<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
	<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>Cefadroxil</b>	500 mg BID
		<b>Cefuroxime - AX</b>	250 mg BID
		<b>Cefprozil</b>	250 mg BID
		<b>Clarithromycin</b>	250 mg BID
		<b>Azithromycin</b>	500 mg on first day then 250 mg x4 days

(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»


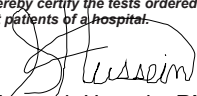
«- provider to notify primary care physician of patient encounter»

«- 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

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

Appendix F

TCFHT-MD13 SAMPLE PRESCRIPTION

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



**penicillin V  
600mg BID  
by mouth  
Quantity: 10 days**

Michael (Mick) Millhouse penicillin V  
D.O.B.: Mar 27, 1964 600mg BID  
Trudy Chernin MD, FCFP by mouth Quantity: 10 days  
Rx May 21, 2014 Michael (Mick) Millhouse  
6 (Medical Directive # TCFHT-MD13)

Professional ID:

Trudy Chernin MD, FCFP