

Taddle Creek

Family Health Team

Title:	<u>GABHS Pharyngitis</u>	Number:	<u>TCFHT-MD13</u>
Activation Date:	<u>09-Sep-2014</u>	Review Date:	<u>Sept 24, 2025</u>
Next Review:	<u>Sept 24, 2026</u>		

Sponsoring/Contact Person(s)
(name, position, contact particulars):

Vicki McGregor, RN– vmcgregor@tcfht.on.ca
 790 Bay St, S300/302
Dr. Elysha Mawji
726 Bloor St W, Suite B102, Toronto
416-964-0800

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 790 Bay Street, Suite 306, Toronto
 416-260-1315 x307

Order and/or Delegated Procedure:

Appendix Attached: ☒ No ☐ Yes
 Title:

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.

Recipient Patients:

Appendix Attached: ☐ No ☒ Yes
 Title: Appendix A – Authorizer Approval Form

Recipients must:

- Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form (Appendix A)
- Be 15 years of age or older
- Meet the conditions identified in this directive

Authorized Implementers:

Appendix Attached: ☐ No ☒ Yes
 Title: 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 (Appendix B):

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, 2023), accessible from: <http://www.uptodate.com>
3. Review "Symptomatic treatment of acute pharyngitis in adults." (Stead, 2025), accessible from: <http://www.uptodate.com>
4. Review "Treatment and Prevention of Streptococcal Pharyngitis in adults and children" (Pichichero, 2025), accessible from: <http://www.uptodate.com>
5. Review Pharyngitis chapter from "Anti-infective Guidelines for Community-Acquired Infections," in most current edition of MUMS Guidelines
6. Review RxFiles "Acute Pharyngitis" available at: <https://www.rxfiles.ca/rxfiles/uploads/documents/books/antibiotics.html>
7. Review guidelines for collecting a throat swab specimen, accessible from: Dynacare <https://www.dynacare.ca/specialpages/secondarynav/find-a-test/nat/throat%C2%A0culture.aspx?sr=ont&st=throat&> or Lifelabs <https://www.lifelabs.com/healthcare-providers/requisitions/#section-4431?myProvince=on>
8. Review and become familiar with the principles of antibiotic therapy and the antibiotics recommended for treatment of Strep A pharyngitis (in MUMS Anti-Infective Guidelines) using a pharmacology reference text and/or CPS. Supplementary resources for review: Bugs and Drugs at: <https://www.bugsanddrugs.org/> RxFiles (Pharyngitis, Antibiotics Comparison Chart, and Beta-Lactam Allergy) at: <https://www.rxfiles.ca/rxfiles/uploads/documents/books/charts.html> Sanford Guide to Antimicrobial therapy at: <https://store.sanfordguide.com/antimicrobial-therapy-c2.aspx>
9. Review principles of antibiotic stewardship, including Choosing Wisely materials about Uncomplicated Pharyngitis in the "Using antibiotics wisely in primary care" (2020) available at: <https://choosingwiselycanada.org/campaign/antibiotics-primary-care> and Health Canada materials at: <https://www.canada.ca/en/public-health/services/antimicrobial-resistance/health-professionals.html>
10. **An authorizing primary care provider must supervise 3 cases before implementer signs the Implementer Approval Form (Appendix B).**

Indications:

Appendix Attached: ☒ No ☐ Yes
 Title:

- For assessment, eligible patients who present with abrupt onset of sore throat in addition to 1 or more of the following symptoms: fever, tender anterior cervical lymphadenopathy, pharyngeal erythema, tonsillopharyngeal or uvular edema, patchy tonsillar or pharyngeal exudate, absence of other upper respiratory infection symptoms, or history of GAS exposure. Refer to PCP if scarlatiniform rash and/or strawberry tongue present.
- For treatment, 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: X 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 X Yes

Title: Appendix C – Order Treatment Table for GAS Pharyngitis in Adults >15 years
 Appendix D - TCFHT-MD13 stamp
 Appendix E – TCFHT-MD13 Sample Lab Requisition
 Appendix F – TCFHT-MD13 Sample Prescription

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

- Implementer performs assessment including:
 - History (presenting symptoms, past history of GABHS pharyngitis and treatment, allergies, recent GABHS 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, 2019) 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 – Centor criteria

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

Step 2

Choose the appropriate management according to the sore throat score:

Total Score	Risk of GABHS Infection (%)	Suggested Management
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0 or less	1-2.5	No culture, Rapid Antigen Test, or antibiotic required*
1	5-10	
2	11-17	Perform culture or Rapid Antigen Test
3	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.

*It is reasonable to perform a Rapid Antigen Test for people who are at high risk for severe infection or complications, people who are in close contact with others who are at high risk for severe infection or complications, and people living in college dorms or other congregate settings. It is appropriate to perform throat culture if other clinical factors lead you to suspect Strep infection (eg., household contact).

**Consider stewardship strategies such as delayed antibiotics while awaiting throat swab result.

- Implementer performs point-of-care Rapid Antigen Test, if suggested by the above Centor Clinical Decision Rule
- If the Rapid Strep Test is positive, implementer communicates with patient that they likely have GAS pharyngitis and can be treated with antibiotics.
 - Implementer assesses the patient for allergies and documents in the EMR.
 - Implementer confirms patient's medication profile is accurate and checks for drug interactions.
 - The implementer will advise the patient/substitute decision maker to treat Pharyngitis according to the attached **Order Treatment Table (Appendix C)**.
 - The implementer will prepare a prescription using the supervising primary care provider initials in Practice Solutions. Example shown in **Appendix F**. Prescription should be signed as below:
 - Signature
 - Implementer Name/Primary Care Provider (Medical Directive # TCFHT-MD13)
 - Implementer will fax the prescription to patient's preferred pharmacy.
 - Implementer provides patient with education of common side effects of antibiotic prescribed, when to expect resolution of symptoms, and when to seek further medical assistance. The implementer advises the patient that if symptoms worsen, symptoms do not improve within 48-72 hours of starting antibiotic treatment, or they develop unilateral throat pain or swelling, they should return to see their primary care provider. Go to ED if they develop any of the following severe symptoms: unable to swallow saliva/drooling, respiratory distress, stridor, muffled "hot potato" voice, neck swelling, lockjaw, stiff neck, crepitus in neck.
- If the Rapid Strep Test is negative, implementer performs a throat culture if other clinical factors lead implementer to suspect streptococcal infection (eg. confirmed contact, Centor score ≥ 3), for adults who are at high risk for severe illness or complications or in close contact with individuals at high risk (eg., poorly controlled diabetes mellitus, immunocompromised, chronic steroid use, hx of acute rheumatic fever), and for people living in high risk settings such as

college dormitories/congregate settings.

- Implementer will prepare lab requisition for throat swab culture and sensitivity using the supervising primary care provider initials in Practice Solutions. Example shown in **Appendix E**. Lab requisition should be signed as below:
 - Signature
 - Implementer Name/Primary Care Provider Name (Medical Directive # TCFHT-MD13)
- Implementer will advise patient that the throat culture result will take 48-72 hours.
- Implementer to consult with primary care provider to determine alternative etiology, diagnosis, and treatment if Rapid Strep Test and/or throat swab C&S 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 (**Appendix D**).
- The implementer will review with the patient/substitute decision maker interventions for symptom management (ex. rest, hydration, saline gargles, warm liquids, ice, throat lozenges/spray, honey, over-the-counter antipyretics and analgesics, such as ibuprofen or acetaminophen, avoid smoke, use air humidifier).
- Implementer will educate the patient with cough and no fever to stay home and to monitor themselves. Those with viral pharyngitis can expect to recover fully within 5-7 days. Return for assessment if symptoms persist beyond this. They should be advised to return for evaluation immediately if fever develops, have difficulty swallowing, or unilateral throat pain. Go to ED if they develop any of the following severe symptoms: unable to swallow saliva/drooling, respiratory distress, stridor, fever with rigors, severe unilateral throat pain, neck pain or swelling, muffled "hot potato" voice, neck swelling, lockjaw, stiff neck, crepitus.
- Implementer will follow up with lab results promptly (if applicable) 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 (Appendix D).
- 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 Standard, Potter & Perry text).
- Standard documentation is recommended for prescriptions, requisitions, and requests for consultation (Appendix E and F).
- RN will send a message in Practice Solutions to patient's primary care provider, notifying them that patient was seen and to review note in EMR.

Review and Quality Monitoring Guidelines:

Appendix Attached: X 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. (2024). *Anti-infective Guideline for Community-acquired Infections*. Toronto: MUMS Guideline Clearinghouse.

Chow, A.W., & Doron, S. (2023). *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

College of Nurses of Ontario. (2008). *Practice Standards: Documentation*. Retrieved from: <https://cno.org/standards-learning/standards-guidelines/standards-guidelines#id-PracticeStandards>

Pichichero, M. (2025). *Treatment and Prevention of Streptococcal Pharyngitis in adults and children*. Retrieved from http://www.uptodate.com/contents/treatment-and-prevention-of-streptococcal-tonsillopharyngitis?source=see_link

Stead, W. (2025). *Symptomatic Treatment of Acute Pharyngitis in Adults*. Retrieved from http://www.uptodate.com/contents/symptomatic-treatment-of-acute-pharyngitis-in-adults?source=see_link

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

Authorizer Approval Form

Date

[illegible]

Appendix C

Order Treatment Table for GABHS Pharyngitis in Adults >15 years

The primary purpose of treatment is to prevent acute rheumatic fever. Based on available evidence, and unless otherwise stated, regimens require 10 days in order to achieve successful treatment and prevent post-streptococcal sequelae.

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

(Anti-infective Review Panel, 2019)

Last Updated 24/09/2025 by Vicki McGregor, RN

Appendix D

TCFHT-MD13 STAMP

S: •; Pt reports • day hx of «sore throat,» «fever,» «tonsillar exudate,» «and» «tender/swollen neck lymph nodes»

«no cough, no nasal congestion or runny nose»

has «not» had Strep throat in the past - •

«no» confirmed close contacts with Strep: •

«no» history of rheumatic fever or rheumatic heart disease

O: Temp: •

«no» anterior cervical lymphadenopathy

«no» pharyngeal erythema, «no» palatal petechiae

«no» «tonsillar» «pharyngeal» swelling

«no» tonsillar purulent exudate

«no» scarlatiniform rash

«Chest auscultation: •»

Throat Score:

(«1» «0») Temp > 38 Deg.C

(«1» «0») Absence of cough

(«1» «0») Swollen, tender anterior cervical nodes

(«1» «0») Tonsillar swelling or exudate

(«1» «0») Age 15-44 yr

(«-1» «0») Age > 45 yr

Total score: •

«Rapid Antigen Test Result: •»

A: «GAS pharyngitis» «likely viral URI»

P:

«- treatment with antibiotics (see below). Pt advised of risks, benefits, side effects. »

«- throat C&S sent to lab»

- Reviewed symptom management: Acetaminophen or ibuprofen for pain or if fever develops. Salt water gargles four times a day, lozenges, stay home and rest, maintain hydration, warm liquids or cool liquid/ice as per preference, avoidance of irritants (ex. smoke)

«- RTC if symptoms persist or worsen after 48-72 hours of treatment» «Pt advised that they likely have viral URI, monitor symptoms and to RTC if sore throat persists 5-7 days or new symptoms develop»

«- Pt advised to RTC if fever develops, difficulty swallowing, or having unilateral throat pain. Go to ED for any of the following symptoms: unable to swallow saliva/drooling, respiratory distress, stridor, severe unilateral throat pain, neck pain or swelling, fever with rigors, muffled “hot potato” voice, neck swelling, lockjaw, stiff neck, crepitus »



«- provider to f/u with C&S results»

«- primary care physician notified of patient encounter»

*actions and interventions in accordance with Medical Directive TCFHT-MD13_GABHS Pharyngitis

Appendix E

TCFHT-MD13 SAMPLE LAB REQUISITION

 Ontario Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only			
Name Vivienne Lemos					
Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8					
Clinician/Practitioner Number 029015		CPSO / Registration No. 93244		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext.	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Health Number		Version	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Additional Clinical Information (e.g. diagnosis)		Province		Other Provincial Registration Number	Patient's Telephone Contact Number (416) 417-2809
Patient's Last Name (as per OHIP Card) Millhouse		Patient's First & Middle Names (as per OHIP Card) Michael			
Patient's Address (including Postal Code) 123 Bay Street Toronto, ON M1F 3G5					
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory					
x	Biochemistry	x	Hematology	x	Viral Hepatitis (check one only)
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis
	HbA1C		Prothrombin Time (INR)		Chronic Hepatitis
	Creatinine (eGFR)		Immunology		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
	Uric Acid		Pregnancy Test (Urine)		Prostate Specific Antigen (PSA)
	Sodium		Mononucleosis Screen		<input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA
	Potassium		Rubella		Specify one below: <input type="checkbox"/> Insured – Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured – Screening: Patient responsible for payment
	ALT		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)		Vitamin D (25-Hydroxy)
	Alk. Phosphatase		Repeat Prenatal Antibodies		<input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism
	Bilirubin		Microbiology ID & Sensitivities (if warranted)		<input type="checkbox"/> Uninsured - Patient responsible for payment
	Albumin		Cervical		Other Tests - one test per line
	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		
	Albumin / Creatinine Ratio, Urine		Vaginal / Rectal – Group B Strep		
	Urinalysis (Chemical)		Chlamydia (specify source):		
	Neonatal Bilirubin:		GC (specify source):		
	Child's Age: days hours		Sputum		
	Clinician/Practitioner's tel. no.	<input checked="" type="checkbox"/>	Throat		
	Patient's 24 hr telephone no. :		Wound (specify source):		
	Therapeutic Drug Monitoring:		Urine		
	Name of Drug #1		Stool Culture		
	Name of Drug #2		Stool Ova & Parasites		
	Time Collected #1 hr. #2 hr.		Other Swabs / Pus (specify source):		
	Time of Last Dose #1 hr. #2 hr.				
	Time of Next Dose #1 hr. #2 hr.				
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		Specimen Collection			
		Time 11:30am ^{ck} Date 2024/01/12			
		Fecal Occult Blood Test (FOBT) (check one)			
		<input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form			
		Laboratory Use Only			
Vicki McGregor RN/Dr. Vivienne Lemos As per medical directive TCFHT-MD 13					
x  12/01/2024 Clinician/Practitioner Signature Date					

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

Professional ID:

Trudy Chernin MD, FCFP