

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>Jan 11, 2024</u>
Next Review:	<u>Jan 11, 2025</u>		

Sponsoring/Contact Person(s)
(name, position, contact particulars):
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Order and/or Delegated Procedure: 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.	Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
Recipient Patients: Recipients must: <ul style="list-style-type: none"> • 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 	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix A – Authorizer Approval Form
Authorized Implementers: 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):	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix B – 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, 2023), accessible from: <http://www.uptodate.com>
3. Review "Symptomatic treatment of acute pharyngitis in adults." (Stead, 2023), accessible from: <http://www.uptodate.com>
4. Review "Treatment and Prevention of Streptococcal Pharyngitis in adults and children" (Pichichero, 2023), accessible from: <http://www.uptodate.com>
5. Review Pharyngitis chapter from "Anti-infective Guidelines for Community-Acquired Infections," most current edition (MUMS, 2019)
6. Review "Pharyngitis: approach to diagnosis and treatment" (Sykes et al. 2020). Available at: <https://www.cfp.ca/content/66/4/251?rss=1> and "Point of care testing for group A streptococcal pharyngitis" (Craig et al. 2020) available at: <https://www.cfp.ca/content/66/1/41>
7. 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&> and http://tests.lifelabs.com/Microbiology/MICRO-THROAT_C_S.aspx?s=1
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. Other resources for review: RxFiles (Pharyngitis, Antibiotics Comparison Chart, and Beta-Lactam Allergy) <https://www.rxfiles.ca/rxfiles/uploads/documents/books/charts.html>
Or the Sanford Guide to Antimicrobial therapy <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>
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, tonsillopharyngeal and/or uvular edema, patchy tonsillar or pharyngeal exudate, scarlatiniform rash, or history of GAS exposure.
- 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
<ul style="list-style-type: none"> • 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: <input type="checkbox"/> No <input checked="" type="checkbox"/> 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
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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)
 - Recent history of COVID-19 testing by RAT or PCR.
 - 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
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 always appropriate to perform a 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 according to the above Clinical Decision Tool
- If the Rapid Strep Test is positive, implementer communicates with patient that they likely have GAS pharyngitis and can be treated with antibiotics.
 - The implementer will advise the patient/substitute decision maker to treat Pharyngitis according to the attached **Order Treatment Table (Appendix C)**.
 - 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 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 antibiotics 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 neck 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 not indicated or result is negative and no/insufficient COVID-19 testing previously performed, consider rapid testing for COVID-19 based on local prevalence and patient exposure.
- 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 \geq 3), for adults who are at high risk for severe 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 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 (**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, 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: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix D – TCFHT-MD13 Stamp; Appendix E – Sample Lab Requisition; Appendix F – Sample Prescription
<ul style="list-style-type: none"> ● 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
<ul style="list-style-type: none"> ● 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. (2019). *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://www.cno.org/en/learn-about-standards-guidelines/educational-tools/learning-modules/documentation-2010/>

Pichichero, M. (2023). *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. (2023). *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.

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	First Line: Penicillin V Amoxicillin	300 mg TID or 600 mg BID 500 mg BID
		Second Line:	
		Cephalexin	500 mg BID
		Cefadroxil	500 mg BID
		Cefuroxime	250 mg BID
		Cefprozil	250mg BID
		Third Line:	
		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 12/01/2024 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

home COVID rapid antigen test «negative»

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 Advil for pain or if fever develops. Salt water gargles four times a day, lozenges, stay home and rest, maintain hydration, hand hygiene, warm tea, 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»

«- provider to f/u with C&S results»



«- primary care physician notified of patient encounter»

«- Pt advised to RTC if fever develops, difficulty swallowing, difficulty breathing. Go to ED for any of the following unusual symptoms: respiratory distress, drooling/pooling of saliva, stridor, dysphonia, muffled or "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

 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's Contact Number for Urgent Results (416) 960-1366 Ext. _____ Service Date: yyyy mm dd	
Clinician/Practitioner Number 029015	CPSO / Registration No. 93244	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: _____ Address: _____		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	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC	
HbA1C		Prothrombin Time (INR)	
Creatinine (eGFR)		Immunology	
Uric Acid		Pregnancy Test (Urine)	
Sodium		Mononucleosis Screen	
Potassium		Rubella	
ALT		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)	
Alk. Phosphatase		Repeat Prenatal Antibodies	
Bilirubin		Repeal Prenatal Antibodies	
Albumin		Microbiology ID & Sensitivities (if warranted)	
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)		Cervical	
Albumin / Creatinine Ratio, Urine		Vaginal	
Urinalysis (Chemical)		Vaginal / Rectal - Group B Strep	
Neonatal Bilirubin:		Chlamydia (specify source):	
Child's Age: _____ days _____ hours		GC (specify source):	
Clinician/Practitioner's tel. no.: _____		Sputum	
Patient's 24 hr telephone no.: (_____) _____		X Throat	
Therapeutic Drug Monitoring:		Wound (specify source):	
Name of Drug #1		Urine	
Name of Drug #2		Stool Culture	
Time Collected #1 hr. #2 hr.		Stool Ova & Parasites	
Time of Last Dose #1 hr. #2 hr.		Other Swabs / Pus (specify source):	
Time of Next Dose #1 hr. #2 hr.		Specimen Collection	
Thereby certify the tests ordered are not for registered in or out patients of a hospital.		Time 11:30am Date 2024/04/22	
Vicki McGregor RN/Dr. Vivienne Lemos As per medical directive TCFHT-MD 13		Fecal Occult Blood Test (FOBT) (check one)	
x  Clinician/Practitioner Signature		<input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form	
Date 12/01/2024		Laboratory Use Only	

