**PHARYNGITIS PROTOCOL** (including Rapid Strep Testing)

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**SUBJECTIVE**

* Complaint of sore throat, with or without dysphagia/odynophagia
* Abdominal pain and/or vomiting
* Headache
* Fever
* Absence of cough (generally, but not always)
* Possible chills or body aches
* Document ill contacts (friends/family members/co-workers)
* Document allergies to antibiotics and other medications

**OBJECTIVE**

* The McIsaac modification of the **Centor Scoring Tool** is used to determine the likelihood of group A streptococcal infection in people presenting with pharyngitis. Based upon 5 clinical criteria, it indicates the probability of a streptococcal infection before any testing is done (“pretest probability”):

|  |  |
| --- | --- |
| **Criteria for Modified Centor Scoring Tool** | **Points Awarded** |
| History of temperature > 38º F or > 100.4 º F | 1 |
| Absence of cough | 1 |
| Swollen, Tender Anterior Cervical Nodes | 1 |
| Tonsillar Swelling or Exudate | 1 |
| Age  3-14 years 15-44 years ≥ 45 years | 10-1 |

**Modified Centor Score, Strep Probability, and Management**

|  |  |  |
| --- | --- | --- |
| **Centor Score** | **Probability of Strep** | **Management**  |
| 0 | 1-2.5 % | No antibiotic or testing needed |
| 1 | 5-10 % |
| 2 | 11-17% | Rx antibiotic based upon rapid strep result |
| 3 | 28-35% |
| 4 or 5 | 52% | Rx antibiotic based upon rapid strep result \* |

*\*May treat without rapid strep test after consulting with provider.*

* Run Rapid Strep: CPT code 87880 and document results in Nursing Documentation.
* If Centor scale >2, document numerical score in Comments section when reporting rapid strep results.
* If <1, document score in Comments section of physical exam.
* If rapid strep test is positive, treat with antibiotic as noted below.
* If rapid strep test is negative, send throat culture if patient is < 18 years of age. If 18 or older, no throat culture is needed.

**ICD-10 CODES**

* Pharyngitis J02.9

**TREATMENT**

* **Children ≤ 27 kg (60 lbs)**
	+ penicillin V 250 mg PO BID ×10 days **or**
	+ Amoxicillin 50mg/kg once daily x 10 days (for children >3 months and < 40kg). [Max dose of 1000mg. ]
		- If over 5 years old use 250mg TID in either chewable or liquid forms **or**
	+ penicillin G benzathine (Bicillin® L-A) 0.6 million units IM (useful if provider in office and patient has difficult swallowing or you are worried about poor adherence to the treatment plan; observe for 30 minutes after injection for possible anaphylaxis)
* **Children >27 kg and Adults**
	+ penicillin V 500 mg PO BID ×10 days **or**
	+ amoxicillin 1000 mg once daily for 10 days **or**
	+ penicillin G benzathine (Bicillin® L-A) 1.2 million units IM (useful if provider in office and patient has difficult swallowing or you are worried about poor adherence to the treatment plan; observe for 30 minutes after injection for possible anaphylaxis)
* **If allergic to penicillin:**
	+ **Children <27kg**: erythromycin ethylsuccinate (EES, EryPed®) PO 40mg/kg/day divided BID ×10d
	+ **Adults & adolescents >27kg:** erythromycin base (Ery-Tab®—250 mg, 333 mg or 500 mg—or PCE®—333 mg or 500 mg) or stearate (Erythrocin®—250 mg or 500 mg) PO, 1 gm/day, divided into 2-4 doses

**OR**

* **Children < 27kg**: azithromycin 12mg/kg PO once daily for five days.
* **Adults and adolescents >27kg**: azithromycin 500mg tablet PO on day one followed by 250mg tablet daily on days two through five.
* **Can also use guideline below, from UpToDate For some patients with insurance, azithromycin course can result in greater** adherence to the treatment plan**.**



**PATIENT EDUCATION**

* If antibiotic prescribed, complete the full course, even if symptoms have improved.
* No school or work until on antibiotics for at least 24 hours.
* Push fluids (tea, water, sports drinks, juice). Adults should be encouraged to take 2-3L per day especially when febrile.
* Pain/fever reliever (e.g., ibuprofen or acetominophen, dosed for age)
* Gargle with saline. To prepare saline at home use 1 tsp of non-iodized salt mixed with 1 cup water.
* Lozenges
* Rest
* Discard, wash in dishwasher, or boil toothbrush after 48 hours of antibiotic treatment
* If any family members/contacts of patient with confirmed strep throat develop sore throat (with or without fever) within 2 weeks, encourage they call as you may treat them presumptively

**CO-VISIT**

* Present to provider after examination but BEFORE documentation.
* Make sure all of the above is documented after consultation with provider.

***Call back for appointment with provider if:***

* Temperature >104° F or does not improve after 24 hours of medication.
* Signs (rash, swelling) or symptoms (difficulty breathing) of allergy to antibiotics
* Notify provider if not improving after 2 full days of antibiotics

**Document all of Above in Medical Record and SEND VISIT TO PCP FOR COMPLETION.**