

[REDACTED]

**SUBJECT:** STREP (GROUP A BETA STREPTOCOCCAL PHARYNGITIS)  
STANDING ORDER

**EFFECTIVE DATE:** 5/11

**APPROVED FOR USE AS A POPULATION BASED STANDING ORDER BY:**

**SUPERSEDES:** 5/10

**REVIEW DATE:** 5/12

**PURPOSE:**

To provide Group A Beta Streptococcal Pharyngitis (GABS Pharyngitis) population-based standing order for Registered Nurses to implement for patients  $\geq 3$  years old. This standing order follows the ICSI Health Care Guideline for Diagnosis and Treatment of Respiratory Illness in Children and Adults, January 2008.

**POLICY:**

RNs may implement population-based standing orders for all patients; LPNs may implement population-based standing orders for vaccines only following established procedure. CMA/RMAs may use these orders to implement a patient specific standing order or to act on a provider's order or an RN's delegation.

**PROCEDURE:**

**RN, LPN, CMA or RMA Action**

*An RN, LPN, CMA, RMA can collect the data and document using the Epic SmartSet "Sore Throat (Nurse Visit)". Prescribing is limited to an RN.*

1. Determine age of patient.
2. Ask subjective and objective assessment questions in the "Sore Throat: R/O Strep (Nurse Visit)" SmartText.
3. Determine if patient has any serious or complicating symptoms present. If present, consult with provider.
4. Determine if patient has symptoms of VURI (viral upper respiratory infection). If VURI symptoms, follow ICSI Guidelines for VURI treatment.
5. Determine if patient has recently taken anti-streptococcal antibiotics.

**Rationale**

The Guideline is not appropriate for children under 3 years of age.

Questions follow ICSI Diagnosis and Treatment of Respiratory Illness in Children and Adults, January 2008..

This standing order applies to patients in generally good health and not at risk.

Symptoms of VURI include nasal congestion and discharge, cough and hoarseness.

**RN, LPN, CMA or RMA Action**

- a. Patient currently on anti-streptococcal antibiotic.  
If yes, give home treatment advice.  
Patient should call back if symptoms worsen or persist beyond 5-7 days.
  - b. Ask if patient has been on antibiotics for strep in the past 14 days.  
If yes, obtain a Strep Throat Culture (not Rapid Strep test.)
6. Obtain Rapid Strep Test or Strep Throat Culture for patient with symptoms of GABS Pharyngitis.
7. If Strep test is negative, educate on non-strep pharyngitis and home remedies.

**Step 8. Registered Nurse ONLY:**

- 8. If Strep test is positive, begin treatment.
- 9. Determine weight of patient.
- 10. Determine the patient preference for chewable, tablet or liquid.

*Document using Epic SmartSet "Strep Positive (Nurse Visit)"*

**Drug Name:** Pen VK

**Forms:** Tablet, liquid

**Dosages:** For better compliance, BID is the preferred schedule:

50 lbs. or less 250 mg BID x 10 days

more than 50 lbs. 500 mg BID x 10 days

more than 50 lbs. 250 mg TID x 10 days is an accepted dose and frequency alternative.

If unable to swallow penicillin tablet:

**Drug Name:** Amoxicillin

**Form:** Chewable Tablet, liquid

**Dosages:**

50 lbs. or less 250 mg BID x 10 days

more than 50 lbs. 500 mg BID x 10 days

If non-anaphylactic reaction to penicillin:

**Drug Name:** Cephalexin

**Forms:** Tablet, liquid

**Dosages:**

44 lbs. or less 250 mg BID x 10 days

more than 44 lbs. 500 mg BID x 10 days

*Medications continued on next page*

**Rationale**

Patients currently on anti-streptococcal antibiotics are unlikely to have streptococcal pharyngitis. Antibiotics which are considered anti-streptococcal include penicillins, cephalosporins, macrolides like erythromycin, and clindamycin.

Rapid Strep test may give false positive results for patients recently treated for strep.

Use: [redacted] "Sore Throat, Home Treatment" or [redacted] "Sore Throat: Causes and Care".

Penicillin is the drug of choice for treatment of culture positive cases of GABS Pharyngitis.

- Amoxicillin liquid or chewable tablets may be used if the patient is unable to swallow tablets. Amoxicillin capsules should not be used as there is no advantage over penicillin tablets and they are broader spectrum, so may increase the incidence of drug resistance of other organisms.
- Avoid use of amoxicillin if the patient has mononucleosis due to increased risk of rash reaction.

**RN, LPN, CMA or RMA Action**

If severe allergic reaction (lip or throat swelling, breathing difficulty, abdominal pain with emesis, hypotension) to betalactams (penicillin & cephalosporins), EES or azithromycin can be used to treat strep. Azithromycin it is not recommended as a first line treatment for patients who aren't allergic to penicillin due concerns of strep resistance.

**Drug Name:** Erythromycin ethyl succinate (EES)

**Forms:** Tablet, liquid

**Dosages:**

15-25 lbs. 100 mg QID x 10 days

26-35 lbs. 200 mg TID x 10 days

36-50 lbs. 200 mg QID x 10 days

51-90 lbs. 400 mg TID x 10 days

more than 90 lbs. 400 mg QID x 10 days

**Drug Name:** Azithromycin

**Forms:** immediate release suspension, tablets

**Dosage: Do not administer to pts less than 2 yrs.**

2 through 11 yrs 12 mg/kg with max of 500 mg QD x 5 days

12 yrs & over 500 mg on day one, then 250 mg QD x 4 days

**Rationale**

9. Provide education on strep pharyngitis.
10. Advise patient and document:
  - Contagious until on medication for 24 hours
  - Finish entire prescription of antibiotics
  - Notify clinic if no improvement after 48 hours on antibiotics
  - Review comfort measures for sore throat care
11. Review nursing charting for completion and sign.

It is important for the patient or caregiver to understand the course of the illness and the importance of taking the complete course of antibiotics.