# **Sore throat Standing Order Template**

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| Issue date: | August 2024 | Review date: | August 2025 |

This standing order is to apply until it is either replaced by a new standing order covering the same subject matter or cancelled in writing by the issuer.

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| **Standing Order Name** | Sore throat |
| **Rationale** | To ensure swift and appropriate treatment of sore throat |
| **Scope (condition and patient group)** | Adults and children more than 3 years of age who meet criteria below for decision of whom may have group A beta haemolytic streptococcus infection. |
| **Red Flags** | Signs of peritonsillar cellulitis or abscess (quinsy) development.   * Signs of quinsy:   + 1. Unilateral tonsillar displacement     2. Trismus     3. Drooling of saliva and severe unilateral ear and neck pain   Swelling causing acute upper airways obstruction or dehydration due to swallowing difficulty. |
| **Assessment** | Look for:   * Fever * Appearance of tonsils and pharynx * Cervical lymphadenopathy * Systemic signs   It can be difficult to differentiate between a viral and bacterial cause by inspection alone.  **Consider risk:**  **High‑risk**   * A personal, familial, or household history of rheumatic fever/rheumatic heart disease, or meets ≥ 2 of the following criteria:   + Māori or Pacific peoples.   + Aged 3 to 35 years, especially children and adolescents aged 4 to 19 years.   + Living in crowded accommodation or in deprivation.   **Low-risk**  Meets only 1 of the above criteria.  Or if  **Occupational or school risk**   * Healthcare worker * Residential care worker * Food handler * Teacher * School and early childhood teachers and students   **If high risk or has an occupational/school risk – collect a throat swab**  Group A beta haemolytic streptococcus (GABHS) infection tends to present as:   * History of fever or measured temperature >38 * Absence of cough * Tender anterior cervical adenopathy * Tonsillar swelling or exudate (pus) * Age 3 to 14 years   In adolescents and young adults, consider glandular fever.  **If the patient is thought to have GAS or are at**[**high-risk of rheumatic fever**](javascript:toggleBlock('882341_d2108318e12'))**, start**[**antibiotics for GAS**](https://assets.heartfoundation.org.nz/documents/shop/heart-healthcare/non-stock-resources/sore-throat-algorithm.pdf)**. If low risk, await swab results.**  See <https://assets.heartfoundation.org.nz/documents/shop/heart-healthcare/non-stock-resources/sore-throat-algorithm.pdf> |
| **Indication** | **For patients at risk of rheumatic fever (age 3 - 35 years and assessed as likely to take medication reliably** |
| **Medicine** | **Phenoxymethylpenicillin** (penicillin V) |
| **Dosage instructions** | **Adult and child ≥ 20kg**: 500 mg TWICE daily for 10 days.  **Child <20kg:** 250mg TWICE daily for 10 days. |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days supply |
| **Contraindications** | Allergy to penicillins |
| **Precautions** | * History of atopic allergy |
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| **Indication** | **For patients at risk of rheumatic fever and unlikely to take medication regularly, or age < 5 years (must have 4 or more clinical criteria met (see above))** |
| **Medicine** | **Amoxicillin** |
| **Dosage instructions** | 50mg/kg dose ONCE daily (Max daily dose 1000mg) for 10 days **or**  If <30 kg: give 750mg ONCE daily for 10 days.  If >30 kg: give 1000mg ONCE daily for 10 days. |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days supply |
| **Contraindications** | Allergy to penicillins |
| **Precautions** | * Acute and chronic leukaemia. * History of atopic allergy * Erythematous rashes common in glandular fever * Increased risk of erythematous rash in cytomegalovirus * Severe renal impairment |
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| **Indication** | **If patient has a penicillin allergy** |
| **Medicine** | **Erythromycin ethylsuccinate** |
| **Dosage instructions** | Adult: 400mg TWICE daily for 10 days.  Child: 40mg/kg TWICE daily for 10 days. Maximum 400mg per dose |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days supply |
| **Contraindications** | Hypersensitivity to macrolides  Long QT syndrome or history of torsade de pointes or a predisposition to QT-interval prolongation.  Severely impaired hepatic function  Concomitant treatment with simvastatin or atorvastatin |
| **Precautions** | Electrolyte imbalance or situations that may induced electrolyte imbalance  Myasthenia gravis  If patient is on warfarin—monitor INR 3 days |
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| **Additional information** | Regular simple analgesia (as per Pain Standing Order), rest and adequate fluid intake should be encouraged.  Monitor for signs of dehydration (NSAID use contraindicated) and for review with medical or nurse practitioner if any Red Flags. |
| **Follow-up** | For review 1/7 if not improving as expected, sooner if becoming increasingly unwell or Red Flags develop.  Otherwise, follow up at completion of antibiotic treatment. |
| **Countersigning and auditing** | Countersigning not required.  Audit:  50% monthly of administration and/ or supply records if there are 20 or fewer in total.  20-30% of administration and/ or supply records if they are in the range of 21-100. |
| **Competency/training requirements** | All healthcare professionals working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | HealthPathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) and <https://www.nzfchildren.org.nz/nzf_1>  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, <https://www.health.govt.nz/publication/standing-order-guidelines>  Guidelines for rheumatic fever from the Heart Foundation [www.heartfoundation.org.nz](http://www.heartfoundation.org.nz) |
| **Definition of terms used in standing order** | Trismus – restricted mouth opening  Quinsy – peritonsillar abscess |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

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| **Healthcare professionals operating under Tonsillitis Standing Order** |

Only registered healthcare professionals working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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