 **Tonsillitis Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Tonsillitis |
| **Rationale** | To ensure swift and appropriate treatment of tonsillitis  |
| **Scope (condition and patient group)** | Adults and children more than 3 years of age who met criteria below for decision of whom may have group A beta haemolytic streptococcus infection. |
| **Red Flags** | 1. 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

2. Swelling causing acute upper airways obstruction or dehydration due to swallowing difficulty. |
| **Assessment** | 1. Look for: * Fever
* Appearance of tonsils and pharynx
* Cervical lymphadenopathy
* Systemic signs

2. It can be difficult to differentiate between a viral and bacterial cause by inspection alone. To help decide who may have a group A beta haemolytic streptococcus (GABHS) infection and could benefit from antibiotic treatment, consider these criteria:* History of fever or measured temperature >38
* Absence of cough
* Tender anterior cervical adenopathy
* Tonsillar swelling or exudate (pus)
* Age 3 to 14 years

Management recommendations:* + for 4 or more clinical criteria – antibiotics
	+ for 2+ criteria – perform a culture and wait for results
	+ for 1 criteria – no culture, no antibiotics and arrange follow-up

3. Consider if at risk of rheumatic fever.* In parts of New Zealand rheumatic fever is still common. Those at higher risk are:
* Maori or Pacific peoples
* Aged 3 to 35 years (in particular children 5 to 15 years)
* Living in lower socioeconomic areas
* Living in overcrowded accommodation
* Those with a past history of acute rheumatic fever

4. Do not perform routine throat swabs and rapid antigen tests unless high risk of rheumatic fever. Note: Rapid antigen tests can however be useful to reduce antibiotic prescribing in those at low risk of rheumatic fever e.g., South Island Europeans.5. In adolescents and young adults, consider glandular fever. |
| **Indication** | **For patients at low risk of rheumatic fever (age > 5 years and assessed as likely to take medication reliably (must have 4 or more clinical criteria met (see above))** |
| **Medicine** | **Phenoxymethylpenicillin** (penicillin V)  |
| **Dosage instructions** | Adult and child ≥ 20kg: 500 mg TWICE daily for 10 days.Child <20kg: 250 mg TWICE daily for 10 days.  |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days supply  |
| **Contraindications** | Allergy to penicillin’s  |
| **Precautions** | * History of allergies
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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 750 mg ONCE daily for 10 days.If > 30 kg: give 1000 mg ONCE daily for 10 days. |
| **Route of administration** | Oral  |
| **Quantity to be given** | 10 days supply |
| **Contraindications** | Allergy to penicillin’s  |
| **Precautions** | * History of allergies
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| **Indication** | **If patient has a penicillin allergy (must have 4 or more clinical criteria met (see above))** |
| **Medicine** | **Erythromycin ethylsuccinate**  |
| **Dosage instructions** | Adult: 400mg TWICE daily for 10 days.Child: 20mg/kg TWICE daily for 10 days. Maximum 400mg per dose |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days supply |
| **Contraindications** | Concomitant colchicine in patients with hepatic or renal impairment |
| **Precautions** | * Seek medical or pharmacist advice if patients are on any other medications or have a history of cardiac, renal or liver disease.
* If patient on warfarin—monitor INR 3 days after starting antibiotics
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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 is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses 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) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)Guidelines for rheumatic fever from the Heart Foundation [www.heartfoundation.org.nz](http://www.heartfoundation.org.nz)  |
| **Definition of terms used in standing order** |  |

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

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| **Signed by issuers** |

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses 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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