SUBJECT: Evaluation and treatment of patients with possible strep throat

PURPOSE: To ensure that patients who walk in for evaluation of possible strep throat are triaged, tested, and treated according to a clinic-wide SOP.

SCOPE: All licensed personnel caring for pediatric/adolescent patients in the Pediatric/Adolescent Clinic who have received the appropriate training and are deemed competent to undertake this procedure.

POLICY: Patients who walk into the Pediatric or Adolescent/Young Adult Clinics who meet the following criteria may be tested by the licensed personnel for strep throat with a rapid strep test without seeing a provider:
   1. Age > 3 years of age
   2. Complaints of sore throat, fever, minimal other respiratory symptoms such as cough, runny nose, and nasal congestion
   3. If the patient has any evidence of difficulty breathing, wheezing, drooling, difficulty swallowing, rash, or symptoms for >1 week should be seen by a provider instead.

PROCEDURE:
   1. The MSA walks the patient in to the PCM if they are working in the clinic. If the PCM is not available, then the patient is walked in to another provider on the PCM team who is available.
   2. The licensed personnel will ensure that the patient meets the criteria for a walk-in rapid strep test. If they do, then both a rapid strep test as well as a throat culture will be obtained. In addition, a weight will be obtained on the patient.
   3. The Rapid Strep test will be performed.
   4. If the Rapid Step test is negative, the licensed personnel will order the throat culture in the lab, let the PCM know to sign the order, and take the sample to the lab. The patient/parent will be informed that if the culture is positive, they will be contacted to start antibiotics. “Sore Throat” handout will be given to the patient/parent with careful return precautions. Verify a correct phone number in the AHLTA note.
   5. If the Rapid Strep test is positive, the licensed personnel will order antibiotics as below:
      a. If the child prefers liquid medicine and is NOT allergic: Amoxicillin 50 mg/kg/day, divided BID for 10 days.
      b. If the child prefers liquid medicine and IS allergic to PCN/amoxicillin: Zithromax 12 mg/kg/day x 5 days.
c. If the child can swallow pills and is **NOT** allergic: PCN VK 500 mg BID for 10 days.
d. If the child can swallow pills and **IS** allergic to PCN/amoxicillin: Zithromax 500 mg daily x5 days
e. If the parents would prefer parenteral antibiotics, Bicillin LA can be offered. The dose for children <27 kg is 600,000 units/dose IM x1. For children >27 kg, the dose of 1.2 million units/dose IM x1.

6. Once the antibiotics are ordered by the licensed personnel, the PCM, if in clinic, will be notified to concur and sign the order in AHTLA. Once that is confirmed, the patient will be sent to the pharmacy.
7. If the assigned provider is not available in the clinic, the licensed personnel will contact the preceptor to concur and sign the order in AHLTA.

SPECIAL CONSIDERATION:
1. If the licensed personnel identifies any worrisome signs or symptoms when screening the patient, the preceptor should be notified.
2. If the patient is allergic to PCN/amoxicillin and Zithromax, the provider will be consulted for an alternative antibiotic.

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Approved by HQ MEDCOM 21 Aug 2017