

Antibiotic Decision Making

Data Collection Tool – Acute Streptococcal Pharyngitis

Directions:

Pull 10 or more charts of patients:

- 1) Seen by your practice more than 5 days ago, and;
- 2) Diagnosed with Acute Streptococcal Pharyngitis (strep throat), and;
- 3) Treated with an antibiotic
- 4) Exclude patients with a previous diagnosis of strep in the last 3 months

Answer the questions based on actual chart documentation.

Questions for Patients Diagnosed with Acute Streptococcal Pharyngitis

1. Was the patient seen by a clinician for an office visit that resulted in the diagnosis of acute streptococcal pharyngitis (strep throat)?

Yes No, the patient was not seen in the office

2. Were one or more of the following signs or symptoms listed below present upon the history and/or examination?

Yes No

<ul style="list-style-type: none"> • conjunctivitis • coryza • cough • diarrhea 	<ul style="list-style-type: none"> • hoarseness • mouth ulcers • maculopapular rash
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3. Were one or more of the following symptoms, signs, or features present upon the examination?

Yes No

<ul style="list-style-type: none"> • tonsillopharyngeal erythema • patchy tonsillopharyngeal exudates • palatal petechiae • sudden onset of sore throat and fever 	<ul style="list-style-type: none"> • tender anterior cervical adenopathy • scarlatiniform rash • swollen red uvula
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4. Was a rapid detection test or throat culture performed to confirm the diagnosis?

Yes No

If Yes, *Continue*

If No, *Skip to Question #5*

4a. If yes, to Question #4 (test performed), what were the results?

Positive Negative

5. Did you prescribe an antibiotic?

Yes No



If No, **STOP** you have completed your review for this patient.

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6. Was the patient treated with penicillin or amoxicillin (including injected penicillin) with consideration given to [antibiotic resistance](#)?

Yes
 No
 N/A, previous [severe allergic reaction](#)
 N/A, previous [non-severe allergic reaction](#)

If Yes, [Skip to Question #9](#)

If No, or N/A, previous severe allergic reaction, [Skip to Question #8](#)

If N/A, previous non-severe allergic reaction, [Continue with Question #7](#)

7. If N/A, previous non-severe allergic reaction to penicillin or amoxicillin selected in Question #6, was the patient treated with narrow-spectrum cephalosporins cefadroxil or cephalexin?

Yes No

If Yes, [Skip to Question #9](#)

If No, [Continue](#)

8. If No, or N/A, previous severe allergic reaction selected in Question #6, what antibiotic did you prescribe?

- a) Azithromycin or other macrolide
- b) Clindamycin
- c) Cefdinir or cephalosporin
- d) Amoxicillin/clavulanate
- e) Levofloxacin
- f) Tetracycline
- g) Trimethoprim-sulfamethoxazole

9. Did any provider discuss and document the following risks of antibiotic therapy with the patient/family?

Yes No

Should always be discussed	Should be discussed if patient/family has concerns
<ul style="list-style-type: none"> • Side effects 	<ul style="list-style-type: none"> • Antibiotic resistance
<ul style="list-style-type: none"> • Allergic reaction 	
<ul style="list-style-type: none"> • Reasons an antibiotic is or is not prescribed 	

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Appendix

Non-severe and Severe Allergic Reactions

- **Non-severe** symptoms include hives or pruritic (itchy) rashes.
- **Severe** symptoms include anaphylaxis, angioedema, throat tightening, wheezing plus shock, airway compromise, or cardiovascular collapse. Cardiac collapse requires intervention (eg epinephrine, corticosteroids, vasopressors).

Note: Side effects such as vomiting, abdominal pain, and diarrhea are *non-allergic*.

Antibiotic Resistance

Antibiotic resistance refers to bacteria that have become resistance to the antibiotics designed to kill them. The overuse and/or inappropriate use of antibiotics can result in the drugs' ability to treat the infection.