

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

Questions for Patients Diagnosed with Acute Streptococcal Pharyngitis

1. Was this patient seen for an office sick 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 examination?

☐ Yes ☐ No

- | | |
|--|--|
| <ul style="list-style-type: none">conjunctivitiscoryzacoughdiarrhea | <ul style="list-style-type: none">hoarsenessmouth ulcersmaculopapular rash |
|--|--|

3. Is there documentation in the medical record that one or more of the following symptoms, signs, or features were present upon the examination?

☐ Yes ☐ No

- | | |
|--|--|
| <ul style="list-style-type: none">tonsillopharyngeal erythemapatchy tonsillopharyngeal exudatespalatal petechiaesudden onset of sore throat and fever | <ul style="list-style-type: none">tender cervical adenopathyscarlatiniform rashswollen red uvula |
|--|--|

4. Was a rapid antigen detection test (RADT) performed to confirm the diagnosis?

☐ Yes ☐ No ☐ N/A, throat culture performed

If Yes, to Question #4 (RADT ordered), *Continue*

If No, to Question #4 (RADT not ordered) *Skip to Question #5*

If N/A, throat culture performed, to Question #4, *Skip to Question #4c*

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

☐ Positive RADT ☐ Negative RADT

If Positive to Question #4a (Positive RADT), *Skip to Question #5*

If Negative to Question #4a (Negative RADT), *Continue*

- 4b. If Negative to Question #4a (RADT result was negative), was a throat culture performed?

☐ Yes ☐ No

If Yes, to Question 4b (throat culture performed), *Continue*

If No, to Question 4b (No throat culture ordered), *Skip to Question # 5*

Judicious Use of Antibiotics

4c: If N/A to Question #4 or Yes, to Question #4b (throat culture performed), what were the results?

☐ Positive throat culture ☐ Negative throat culture

5. Was this patient treated with penicillin or amoxicillin (including injected penicillin)?

☐ Yes ☐ No ☐ N/A, Previous [severe allergic reaction](#) or [non-severe allergic reaction](#)[†]

If Yes, (patient treated with penicillin or amoxicillin), *Continue*

If No, (patient NOT treated with penicillin or amoxicillin), *Skip to Question # 7*

If N/A, previous [severe allergic reaction](#) or [non-severe allergic reaction](#)[†], *Skip to Question # 6*

5a. If yes, to Question #5 (patient treated with penicillin or amoxicillin), was the penicillin or amoxicillin prescribed for a duration of 10 days?

☐ Yes ☐ No ☐ N/A, patient treated with injection of penicillin

All responses, Skip to Question # 8

6. If N/A, (previous severe or non-severe allergic reaction to penicillin or amoxicillin) to question #5, was the patient treated with any of the following antibiotics?

☐ Yes ☐ No

Preferred agents in chronic carriers of group A streptococci	
<ul style="list-style-type: none">• amoxicillin-clavulanate	
Preferred agents for penicillin-allergic individuals: Should be considered first	Non-preferred agents for penicillin-allergic individuals: Should be considered secondarily
<ul style="list-style-type: none">• narrow-spectrum *cephalosporins:<ul style="list-style-type: none">○ cephalosporin○ cefadroxil○ cephalexin	<ul style="list-style-type: none">• broad-spectrum *cephalosporins:<ul style="list-style-type: none">○ cefaclor○ cefuroxime○ cefixime○ cefdinir○ cefpodoxime <p>*Some penicillin-allergic persons (up to 10%) are also allergic to cephalosporins, and these agents should not be used in patients with immediate (anaphylactic-type) hypersensitivity to penicillin</p>
<ul style="list-style-type: none">• clindamycin	
<ul style="list-style-type: none">• oral macrolides:<ul style="list-style-type: none">○ erythromycin○ clarithromycin○ azalide○ azithromycin	

If Yes, (patient treated with one of the following antibiotics), *Skip to Question # 8*

If No, (patient NOT treated any of the following antibiotics), *Continue*

Judicious Use of Antibiotics

7. If **No** to Question #6 (patient not treated with listed antibiotic), was the patient treated with any of the following antibiotics?

☐ Yes ☐ No

Limited activity or needlessly broad spectrum and should not be used
<ul style="list-style-type: none"> • Fluoroquinolones: <ul style="list-style-type: none"> ○ ciprofloxacin ○ levofloxacin ○ moxifloxacin
<ul style="list-style-type: none"> • Sulfonamides: <ul style="list-style-type: none"> ○ trimethoprim-sulfamethoxazole
<ul style="list-style-type: none"> • Tetracycline <ul style="list-style-type: none"> ○ doxycycline

8. Did any provider in the practice 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 • Allergic reaction 	<ul style="list-style-type: none"> • Antibiotic resistance^{*†} <p>[†]NOTE: A clinical GAS isolate resistant to penicillin or cephalosporin never has been documented.¹</p>

* †Definitions and references available in the Appendix

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 - Overuse and/or inappropriate use of antibiotics can result in antibiotics losing the ability to treat bacterial infections

†NOTE: A clinical GAS isolate resistant to penicillin or cephalosporin never has been documented.¹

¹American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases. Section 3: Summaries of Infectious Diseases, Group A Streptococcal Infections*. 668-680. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

Reference: [Clinical Practice Guide for Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America](#). Shulman S. T., Bisno, A.L., Clegg, H.W. et al. 2012.