

PRESCRIBING in ACUTE SORE THROAT for CHILDREN and YOUNG ADULTS under 18 Audit Template

1. TOPIC

Antibiotic prescribing in acute sore throat for adults 18 and over.

2. PROFESSIONAL COMPETENCE DOMAINS

Clinical Skills
Management
Patient Safety and Quality of Care

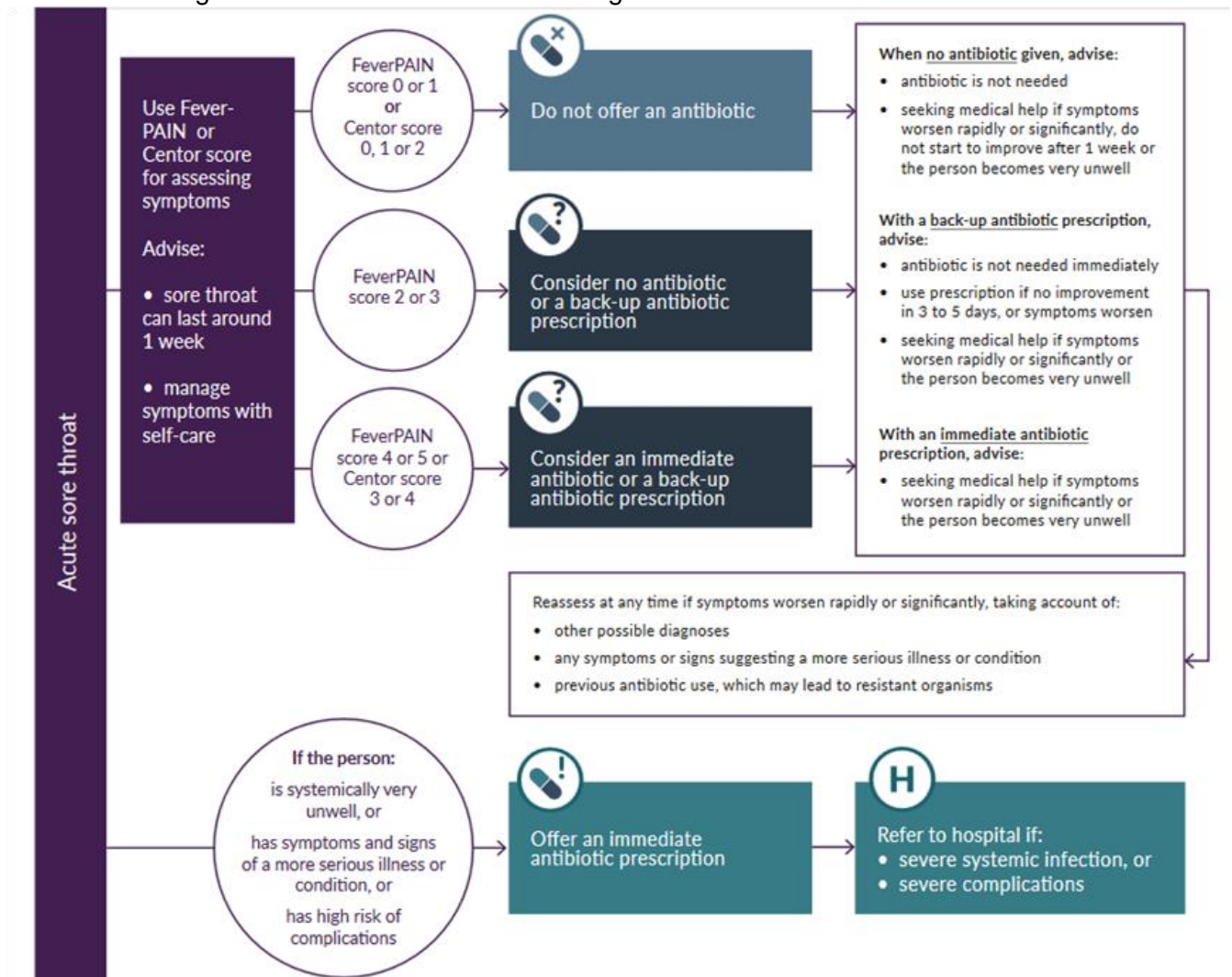
3. OBJECTIVE


To audit antibiotic prescribing for acute sore throat against NICE Guideline NG84 : Sore Throat (acute) : antimicrobial prescribing.

4. GUIDELINES

Evidence suggests that antibiotics are generally not required as first line treatment for acute sore throat. (1) (2)


The NICE 2018 guideline recommends the following :






Self-care

- Consider paracetamol for pain or fever, or if preferred and suitable, ibuprofen
- Drink adequate fluids
- Some evidence that medicated lozenges can help reduce pain in adults
- No evidence was found for non-medicated lozenges, mouthwashes, or local anaesthetic mouth spray on its own




Evidence on antibiotics

- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
- Withholding antibiotics is unlikely to lead to complications
- Possible adverse effects include diarrhoea and nausea



FeverPAIN score

- Fever, Purulence, Attend within 3 days or less, Severely Inflamed tonsils, No cough or coryza
1 point for each



Centor score

- Tonsillar exudate, Tender anterior cervical lymphadenopathy or lymphadenitis, History of fever ($>38^{\circ}\text{C}$), No cough
1 point for each

The 2017 Public Health England (PHE) Management of infection guidelines provide recommended antibiotic(s), dose, frequency and duration (3).

5. CRITERIA and TARGETS

- USE of FeverPAIN or Centor
 - FeverPAIN (FP) or Centor (c) used (Target : $>70\%$)
- MANAGEMENT DECISION / TREATMENT
 - FP=0-1 or C=2 : No antibiotic given (Target : 100%)
 - FP 2-3 : Delayed antibiotic given with advice about how to access (Target : 100%)
 - FP4=5 or C=3-4 : Immediate antibiotic given with advice on compliance (Target : 100%)
- GIVING ADVICE
 - Advice given on natural history and average length of illness (7 days) (Target : 100%)
 - Advice given about managing symptoms including fever (self-care advice) (Target : 100%)
 - Information about when to re-consult (safety netting advice) (Target : 100%)
 - Information shared on antibiotic use and resistance (Target : 100%)

- ANTIBIOTIC PRESCRIBING (immediate and delayed script)

Antibiotic [§]	Dosage and course length for children and young people [‡]
First choice	
Phenoxymethylpenicillin	1 to 11 months, 62.5 mg four times a day or 125 mg twice a day for 5 to 10 days 1 to 5 years, 125 mg four times a day or 250 mg twice a day for 5 to 10 days 6 to 11 years, 250 mg four times a day or 500 mg twice a day for 5 to 10 days 12 to 17 years, 500 mg four times a day or 1,000 mg twice a day for 5 to 10 days
Alternative first choices for penicillin allergy or intolerance[¶]	
Clarithromycin	1 month to 11 years: Under 8 kg, 7.5 mg/kg twice a day for 5 days 8 to 11 kg, 62.5 mg twice a day for 5 days 12 to 19 kg, 125 mg twice a day for 5 days 20 to 29 kg, 187.5 mg twice a day for 5 days 30 to 40 kg, 250 mg twice a day for 5 days or 12 to 17 years, 250 mg to 500 mg twice a day for 5 days
Erythromycin	1 month to 1 year, 125 mg four times a day or 250 mg twice a day for 5 days 2 to 7 years, 250 mg four times a day or 500 mg twice a day for 5 days 8 to 17 years, 250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days
[§] See BNF for children for appropriate use and dosing in specific populations, for example hepatic impairment and renal impairment [‡] The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age. Doses given are by mouth using immediate-release medicines, unless otherwise stated [¶] Erythromycin is preferred in young women who are pregnant	

6. FIRST DATA COLLECTION (practice before audit)

Sample size : 30 consultations for Acute Sore Throat in Children and Young Adults under 18.

Search your records for 30 past consultations for Acute Sore Throat for adults 18 and over.

Enter the required data either in the [Word Manual template for the First Data Collection](#)

- Data about compliance with the criteria is entered manually and percentage of targets achieved is calculated manually

or in the Excel [Automated template for the First Data Collection](#).

- Compliance with the criteria and percentage of target achieved are calculated automatically.

7. FIRST DATA ANALYSIS and INTERPRETATION

Analyse the data and interpret the results.

8. CHANGES IMPLEMENTED

Identify changes required to comply with the guidelines and meet the targets set for each criteria.

9. SECOND DATA COLLECTION (practice after improvements implementation)

Sample size : 30 consultations for Acute Sore Throat Children and Young Adults under 18.

Implement the changes in a further 30 consultations for Acute Sore Throat for adults 18 and over.

Enter the required data either in the [Word Manual template for the Second Data Collection](#).

- Data about compliance with the criteria is entered manually and percentage of targets achieved is calculated manually

or in the Excel [Automated template for the Second Data Collection](#).

- Compliance with the criteria and percentage of target achieved are calculated automatically.

10. SECOND DATA ANALYSIS and INTERPRETATION

Analyse the data and interpret the results.

11. CONCLUSION

Draw appropriate conclusions from completion of the audit.

12. REFLECTIONS

Reflect on the experience of the audit and its impact on your professional life and practice..

13. REFERENCES

1. Sore Throat (acute): antimicrobial prescribing

National Institute for Health and Care Excellence

NICE Guidance NG84

Published : January 2018

[Access](#)

2. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use

National Institute for Health and Care Excellence

Key therapeutic topic (KTT9)

Published : January 2015,

Last Updated : February 2018

[Access](#)

3. Management and treatment of common infections

Public Health England

Published : October 2017

[Access](#)