Standing Orders for the administration of medicines to treat Group A Streptococcal Pharyngitis

For Registered Nurses

January 2012
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Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>GAS</td>
<td>Group A Streptococcal</td>
</tr>
<tr>
<td>ARF</td>
<td>Acute Rheumatic Fever</td>
</tr>
<tr>
<td>RHD</td>
<td>Rheumatic Heart Disease</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>TDH</td>
<td>Tairawhiti District Health</td>
</tr>
</tbody>
</table>

Definitions

A Standing Order is a **written instruction** issued by a medical practitioner or dentist, in accordance with the regulations, authorising any specified class of persons engaged in the delivery of health services to supply and administer any specified class or description of prescription medicines or controlled drugs to any specified class of persons, in circumstances specified in the instruction, without a prescription. A Standing Order does not enable a person who is *not* a medical practitioner or dentist to *prescribe* medicines - only to supply and/or administer prescription medicines and some controlled drugs (MoH, 2006) (Appendix 1 Standing Order Policy, Appendix 2).

Background

Acute rheumatic fever leading to rheumatic heart disease is considered to be a preventable chronic disease. Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are a significant cause of disease among Māori and Pacific children in New Zealand with significant morbidity and mortality among young adults (Heart Foundation, 2007).

ARF, an auto-immune response to Group A Streptococcus (GAS) infection of the upper respiratory tract, may result in damage to the mitral and/or aortic valves resulting in RHD. Recurrences are likely in the absence of preventative measures and may cause further cardiac valve damage.

Appropriate treatment of sore throats in high risk populations will eliminate Group A Streptococcus in most cases and prevent individual cases of acute rheumatic fever. However access to healthcare for Māori and Pacific children is inequitable.

Reasons for the Standing Order

1. To facilitate the provision of antibiotics to GAS positive school age students and their siblings thus improving access to treatment, improving compliance with treatment and reducing the incidence of rheumatic fever.

2. To ensure that appropriate antibiotics can be delivered directly to students and their siblings who have positive GAS throat swabs as soon as possible, usually within 48 hours of receipt of the positive lab result.

3. To ensure that the approved RN’s have legal cover when dispensing antibiotics to cases under the Medicines (Standing Order) Regulations 2002.
Persons permitted to supply and administer treatment medicines
These Standing Orders are written instruction issued by medical practitioners in accordance with the Standing Order Regulations 2002, authorising approved RN’s who have undergone specific training and assessment and who are engaged in the delivery of health services to supply and administer medicines in the treatment of GAS pharyngitis (Appendix 2Standing Orders).

Scope
This Standing Order defines the standard of medical practice which the issuer, the Consultant Paediatrician, considers acceptable and the boundaries within which the approved RN’s must practice. The approved RN’s are responsible for practicing within these boundaries (Appendix 6)

1. The approved RN’s must be appointed to that role following appropriate training, and must have been assessed as competent to carry out this Standing Order.

2. The approved RN’s must operate under this Standing Order only when deemed to be on duty.

3. The approved RN’s are accountable for clear and accurate documentation and data entry and for application of this Standing Order.

4. If an approved RN acts entirely within this Standing Order, then any consequence of the action of the approved RN is the responsibility of their organisation.

5. This Standing Order applies until it is replaced by a new Standing Order covering the same subject matter or until it is cancelled in writing by the issuer.

6. This Standing Order must be reviewed at least annually by the issuers. If material changes are made it must be dated and signed by the issuers and reissued to all users.

Persons to whom treatment medication may be supplied or administered under the scope of this Standing Order
Treatment medicines specified in this Standing Order may be supplied or administered to students and their family/whanau who are at risk, or have Group A Streptococcal pharyngitis. As per the Heart Foundation flow chart (Appendix 7), if after assessing student against criteria consent is obtained to swab and treat (Appendix 9 & 11).

Dispensing, Administration and Documentation
The dispensing is to be carried out in accordance with The National Heart Foundation and the Cardiac Society of Australia and New Zealand’s Guide for Sore Throat Management.

The health professional who administers and/or supplies a medicine under this Standing Order must record the assessment and treatment of the client (including any adverse reaction) and any monitoring of the client’s treatment.

Documentation of medications administered must include:
- name of the oral medication
- dose
- frequency of dose
- date and time of administration
- name and signature of RN

**Before giving out Medications:**

**ALWAYS:**
- check for allergies with parent – if unsure do not give penicillin/Amoxycillin (check with GP)
- check for contraindications or pregnancy
- check what medications the patient have already taken, either prescribed or over the counter.
- be aware of renal and liver function and how this impacts on medication doses.
- ensure the patient has a method of follow up – review by RN
- ensure Parent/Caregiver has given their consent for treatment

If the patient is travelling, provide a letter documenting history, examination and treatment given; including that you were acting under Standing Orders.

Ensure medication and instructions are handed to Parent/Caregiver of children of primary/intermediate school age and high school students if competent (Appendix 12).

**Target population**
All children attending school including alternative education centres

**Medication that may be supplied or administered.**

<table>
<thead>
<tr>
<th>ANTIBIOTIC</th>
<th>ROUTE</th>
<th>DOSE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin V</td>
<td>PO</td>
<td>Children: 20mg/kg/day in 3 divided daily doses</td>
<td>10 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum 500mg 3 times daily (250mg 3 times daily for smaller children)</td>
<td></td>
</tr>
<tr>
<td>Amoxycillin</td>
<td>PO</td>
<td>Weight:&lt;30 kg: 750mg once daily &gt;30 kg: 1500mg once daily</td>
<td>10 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erythromycin Ethyl Succinate</td>
<td>PO</td>
<td>Children: 40mg/kg/day in 2 divided doses Maximum 400 mg/day twice a day</td>
<td>10 days</td>
</tr>
<tr>
<td>(EES)</td>
<td></td>
<td>Adults: 400mg twice daily</td>
<td></td>
</tr>
</tbody>
</table>

Recurrent episodes refer to Paediatrician for review – If child has already received 2 episodes of treatment under a Standing Order, seek advice for management from Paediatrician, prior to prescribing a 3rd time.
Record keeping
The person who administers or supplies a medicine under this Standing Order must open a file and record the assessment and treatment of the patient (including any adverse reactions) and if necessary, any monitoring or follow-up of the patient’s treatment. This must be countersigned by person issuing the standing order within a week of prescribing (Appendix 13). All follow ups must be recorded.

1. Letter/information to Parents/Caregiver, consent from Parents/Caregiver (Appendix 12).
2. Letter to GP – Inform of any throat swab results & antibiotic treatment (Appendix 14) or input on Med Tec.
3. Record data on Standing Order excel spreadsheet

Period for which the Standing Order will apply
Until it is cancelled in writing by the issuer of the standing order. Should this person leave the employment of the organisation, or goes on leave for an extended period or dies, a new Standing Order will be necessary.

Review
This Standing Order will be reviewed by the issuer of the Standing order and other persons 1 year from the date of issue.

References


ORGANISATIONAL POLICY:

STANDING ORDERS - MEDICATION

AUTHORITATIVE SOURCE:
Clinical Board- (Organisation name)

AUTHOR:

SCOPE:

PURPOSE:
- To ensure that Standing orders comply with best practice, quality standards and all relevant legislation.
- To ensure that standing orders are filed correctly and updated / reviewed regularly.

DEFINITION:

Standing Order:
A standing order is a written instruction issued by a medical practitioner or dentist, in accordance with the regulations, authorising any specified class of persons engaged in the delivery of health services to supply and administer any specified class or description of prescription medicines or controlled drugs to any specified class of persons, in circumstances specified in the instruction, without a prescription. A standing order does not enable a person who is not a medical practitioner or dentist to prescribe medicines - only to supply and/or administer prescription medicines and some controlled drugs.

Issuer:
Person who is the author or authoriser of the standing order.

POLICY STATEMENTS:
1. “Standing Order” will be authorised by Medical Practitioner or Dentist and reviewed at least annually. The Standing Order must be in writing, name the issuer and be signed and dated by the issuer, and state the period for which it applies.
2. Administration of medication based on Standing Orders will be done by a Registered Nurse/Midwife, anaesthetic technician or paramedic willing to accept this responsibility.
3. Health Professionals administering medication that requires specialised assessment skills will comply with required educational, designation or documentation requirements
4. Competencies to comply with directions on standing orders will be stipulated on each standing order.
5. Each Standing Order must be reviewed by the issuer at least once a year. All obsolete copies will be replaced with new versions. The overall co-ordination of this will be done by the Quality Co-ordinator.
6. A central register will be kept of all standing orders (on the intranet) and this will be updated along with the area specific folders when any changes are made.
7. The Standing Order will be monitored and reviewed via an auditing process to ensure correct operation for each use of the standing order, including any adverse events that occur.
8. The person supplying or administering the medicine will document the assessment and treatment of the patient (including any adverse reactions) and any monitoring or follow-up if necessary, in the patient’s notes.

9. Medication administered by the Registered Health Professional will be written on the Medication Record, or in the case of the General Practice, on the client record. It must be identified as "from Standing Order" and signed for by the person administering.

10. In most cases the Standing order will be countersigned by the prescribing doctor or their delegate within 24 hours although it is accepted in some cases (eg in the rural setting) this may be delayed for up to 72 hours.

11. The amount of medication able to be administered and the period for which it can be continued must be stated on the standing order.

METHOD:
"Standing Order" for medication includes the following, as per the template:

1. • Medication
   • Dose
   • Route
   • Frequency
   • Duration
   • Specific indication
   • Contraindications and precautions.
   • Treatment to which the Standing Order applies.
   • Documentation required.

2. Specify the scope (coverage).
3. Explain why the Standing Order is necessary (rationale).
4. Specify the class of person to whom the medicine can be administered.
5. Specify the circumstances in which it applies.

RELATED PROCEDURE:
No

OUTCOME STANDARDS:
That all affected staff in clinical areas have adequate knowledge of this policy and any standing orders applying to their area of practice.

EVALUATION METHOD:
Audit of compliance with this policy will be included in the annual audit programme.

_________________________________________

Authorised By

Date of Review: Feb 2011
Next Review Date: Feb 2013
STANDING ORDERS - MEDICATION

CLINICAL AREA: Registered Nurses

FOR THE ADMINISTRATION OF: Penicillin V, Amoxycillin and Erythromycin

FOR THE TREATMENT OF: Group A Streptococcal Pharyngitis

RATIONALE:
Medicines can only be administered in accordance with a prescription or a standing order. The use of protocols and standing orders establishes procedures to be followed in the administration of medications which will allow safe efficient and timely treatment of patients.

STANDARD:
Approved Health Professionals will administer medications as per the standing order instructions. Competency is as per number 6.

1. **SCOPE:** to facilitate the provision of antibiotics to GAS positive school age students and their family/whanau thus improving access to treatment, improving compliance with treatment and reducing the incidence of rheumatic fever.

2. **INDICATION OF WHEN THE DRUG CAN BE ADMINISTERED:**
GAS positive school age students and their family/whanau or those children presenting as at risk for rheumatic fever as determined by the Heart Foundation sore throat management chart

3. **SPECIFIC CONTRAINDICATIONS/PRECAUTIONS:**
- Allergy to Penicillin, Amoxycillin or Erythromycin. Allergy that caused a rash, swelling, anaphylaxis, blood or liver reaction.
- Severe systemic illness (advise to seek medical help from GP)
- Inability to swallow fluids
- History of rheumatic fever (Pt should be on prophylactic penicillin, please check. These patients need to be discussed with on call paediatrician)
- Recurrent GAS; 3 or more cases over last 3 months in the child
- Failure to obtain informed consent

4. **DOSE ROUTE AND FREQUENCY:**

<table>
<thead>
<tr>
<th>ANTIBIOTIC</th>
<th>ROUTE</th>
<th>DOSE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin V</td>
<td>PO</td>
<td>Children: 20mg/kg/day in 3 divided daily doses Maxmum 500mg 3 times daily (250mg 3 times daily for smaller children)</td>
<td>10 days</td>
</tr>
<tr>
<td>Give as first choice Give on empty stomach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amoxycillin</td>
<td>PO</td>
<td>Weight:&lt;30 kg: 750mg once daily &gt;30 kg: 1500mg once daily</td>
<td>10 days</td>
</tr>
<tr>
<td>Give as 2nd choice for those not compliant with taking medication x3 daily Can be given with food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erythromycin Ethyl Succinate (EES)</td>
<td>PO</td>
<td>Children: 40mg/kg/day in 2 divided doses Maximum 400 mg/day twice a day</td>
<td>10 days</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----</td>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
</tr>
</tbody>
</table>

5. **DOCUMENTATION REQUIRED:**
   a) co-signed by issuer within 7 days

6. **COMPETENCY:**
   Authorised approved RN’s who have undergone specific training and assessment and who are engaged in the delivery of health services to supply and administer medicines in the treatment of GAS pharyngitis

_Last Review: January 2012
Next Review: January 2013_
<table>
<thead>
<tr>
<th>Patient Group:</th>
<th>Tairawhiti school children/youth and family/whanau where consent has been provided (child/youth must be of an age to be competent to self consent) to them receiving antibiotics under the Tairawhiti Standing Order.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
<td>Penicillin V - First choice antibiotic</td>
</tr>
<tr>
<td>Dose: Under 20kg</td>
<td>20 mg per Kg per day divided into 3 daily doses for 10 days as either syrup or tablets</td>
</tr>
<tr>
<td>20kg and over</td>
<td>1 maximum dose 500 mg three times daily</td>
</tr>
<tr>
<td>Method of Administration:</td>
<td>Oral</td>
</tr>
</tbody>
</table>
| Indications: | Positive Group A Streptococcal (GAS) throat swab  
No allergy to penicillin's (includes penicillin flucloxacillin, Augmentin, Synermox).                                                                 |
| Contraindications | Severe systemic illness (advise to seek medical help from GP)  
Inability to swallow fluids  
History of rheumatic fever (should be on prophylactic penicillin, please check. These patients need to be discussed with on call paediatrician)  
Recurrent GAS; 3 or more cases over last 3 months in the child  
Failure to obtain informed consent  
Allergy to penicillin (includes amoxycillin, flucloxacillin, Augmentin, Synermox). Allergy that caused a rash, swelling, anaphylaxis, blood or liver reaction. |
| Adverse Effects: | Anaphylaxis: Ensure parent is aware of signs to look for                                                                                                                                          |
| Monitoring Requirements: | Nil                                                                                                                                                                                            |
| Designees/competency: | Registered Nurse who have completed and undertaken appropriate professional development and has received formal sign off.                                                                     |
| Documentation/when countersigned: | To be documented on a Standing Order for nurse treatment of Group A Streptococcal Pharyngitis’ record form  
To be countersigned by a nominated Registered Medical Practitioner working within 7 days of administration or supply. |
| Name of Issuer: |                                                                                                                                                                                               |
| Time Period before Review: |                                                                                                                                                                                              |

Signature: __________________________
Appendix 4

Standing Order – Amoxycillin

Patient Group:  
- Tairawhiti school children/youth and family/whanau where consent has been provided (child/youth must be of an age to be competent to self consent) to them receiving antibiotics under the Tairawhiti Standing Order.

Medication:  
- Amoxycillin: Give as 2nd choice for those not compliant with taking medication

Dose:  
- **Under 30kg**: 750mg once daily
- **> 30 kg and over**: 1500mg once daily

Method of Administration:  
- Oral

Indications:  
- Positive Group A Streptococcal (GAS) throat swab
- No allergy to penicillin’s (includes penicillin flucloxacillin, Augmentin, Synermox).

Contraindications:  
- Severe systemic illness (advise to seek medical help from GP)
- Inability to swallow fluids
- History of rheumatic fever (should be on prophylactic penicillin, please check. These patients need to be discussed with on call paediatrician)
- Recurrent GAS; 3 or more cases over last 3 months in the child
- Failure to obtain informed consent
- Allergy to amoxycillin, (includes penicillin flucloxacillin, Augmentin, Synermox). Allergy that caused a rash, swelling, anaphylaxis, blood or liver reaction.

Adverse Effects:  
- Anaphylaxis: Ensure parent is aware of signs to look for

Monitoring Requirements:  
- Nil

Designees/competency:  
- Registered Nurse who has completed and undertaken appropriate professional development and has received formal sign off.

Documentation/when countersigned:  
- To be documented on a Standing Order for nurse treatment of Group A Streptococcal Pharyngitis’ record form
- To be countersigned by a nominated Registered Medical Practitioner working within 7 days of administration or supply.

Name of Issuer:  

Time Period before Review:  

Signature: __________________________
Appendix 5

Standing Order – Erythromycin

Patient Group:
- Tairawhiti school children/youth and family/whanau where consent has been provided (child/youth must be of an age to be competent to self consent) to them receiving antibiotics under the Tairawhiti Standing Order.

Medication:
Erythromycin

Dose: All weights
- 40mg twice daily (BD) for 10 days orally

- 40mg/kg/day in 2 divided doses
  - Maximum 400 g/day
- either as
  - 1 x 40mg/kg tablet, twice daily for 10 days = 20 capsules total
  - 5mL of 40mgkg in 5mL suspension twice daily for 10 days = 100mL total

Reconstitution of Erythromycin:
Erythromycin 400mg requires reconstitution with 77mL of potable water = 100mL bottle.
Add 35mL of water - shake well. Add remaining water [42mL]. Shake well.

Once reconstituted suspension requires to be consumed within 10 days. Date each bottle with reconstitution date.

Method of Administration:
Oral

Indications:
- Positive Group A Streptococcal (GAS) throat swab
- Givebn if a penicillin allergy (includes amoxycillin, flucloxacillin, Augmentin, Synermox)

Contraindications
- Allergy to erythromycin. Allergy that caused a rash, swelling, anaphylaxis, blood or liver reaction.
- Severe systemic illness (advise to seek medical help from GP)
- Inability to swallow fluids
- History of rheumatic fever (Pt should be on prophylactic penicillin, please check. These patients need to be discussed with on call paediatrician)
- Recurrent GAS; 3 or more cases over last 3 months in the child
- Failure to obtain informed consent

Adverse Effects:
- Vomiting, diarrhoea, abdominal pain
- Thrush infections
These are potential side effects but are not contraindications to treatment

Monitoring Requirements:
- Family to be contacted at mid point of treatment schedule to support adherence to treatment and detection of adverse effects.

Designees/competency:
Registered Nurse who has completed and undertaken appropriate professional development and has received formal sign off.

Documentation/when countersigned:
- To be documented on a Standing Order for nurse treatment of Group A Streptococcal Pharyngitis’ record form
- To be countersigned by a nominated Registered Medical Practitioner working within 7 days of administration or supply.

Name of Issuer:
Time Period before Review:

Signature: ______________________
Training plan for nurses using standing orders for the administration of medicines to treat Group A Streptococcal Pharyngitis

1. Prerequisite reading:
   - TDH standing order policy
   - TDH Standing order for administration of medicines to treat Group A Streptococcal pharyngitis. For registered nurses
   - TDH policy laboratory requests from nurses

2. Attend training course that covers: guide for sore throat management, medication to be prescribed including side effects, medication safety and record keeping.

3. 80% pass on open book test

4. Peer assessed for first 2 standing orders

5. Peer assessed annually after initial training

6. Attend annual updates

Training course

1 hour:
Medication safety: prescribing, dispensing and administration. Penicillin V, amoxycillin and Erythromycin, dose by weight, use, contraindications, reconstitution, adverse effects, documentation.

1 hour:
Overview of rheumatic fever, why sore throats matter, sore throat management

30 minutes:
Taking a throat swab, filling out lab forms etc

30 minutes:
Epidemiology

30 minutes
Resources, tools, data base, cultural considerations
Appendix 7

Flowchart
Algorithm: Guide for sore throat management

Sore throat

Assess risk factors for GAS pharyngitis and/or rheumatic fever
- Māori or Pacific peoples
- 3-45 years old
- Lives in lower socioeconomic areas of North Island
- Past history of acute rheumatic fever

Apply Criteria:\textsuperscript{13}
- Temperature $>38^\circ C$
- No cough
- Swollen, tender anterior cervical lymph nodes
- Tonsillar swelling or exudate

Apply Criteria:\textsuperscript{14}
- Temperature $>38^\circ C$
- No cough
- Swollen, tender anterior cervical lymph nodes
- Tonsillar swelling or exudate
- Age 3-14 years
- Age 15-44 years
- Age 45+ years

Score
- Total Score /5
- Score 4-5
- Score 2-3
- Score 0-1

If patient is on benzathine penicillin IM prophylaxis for acute rheumatic fever, and is GAS positive on throat swab, treat in the following way:
- If GAS positive in the first two weeks after IM penicillin injection has been given, treat with a 10 day course of erythromycin
- If GAS positive in the 3\textsuperscript{rd} and 4\textsuperscript{th} weeks after IM penicillin injection, treat with a 10 day course of oral penicillin.
Flowchart
Sore throat management

Referral received

Contact parent/caregiver

Are there other children in the family?

Are they taking child/children to Doctor?

Check next day if child/children seen

Obtain consent & swab throat

No follow up required

Follow algorithm (Page 5 Sore throat management Standing order)
Appendix 9

History sheet for students & family/whanau with sore throat and no obvious cold (eg runny nose and sneezing)

Name
Age
Gender
Date
Ethnicity
Temperature

Does student have a cough?

Swollen tonsils with pus on them?

Tender anterior cervical glands?

Could it be glandular fever?
(if yes and sore throat guideline indicates the student needs treating give phenoxymethylpenicillin)

Any allergies to antibiotics?

Was a throat swab taken?

Was throat swab positive for Group A Strep?

Were antibiotics given?

Antibiotics administered by (name and signature of RN)

Date for review.

Other children in family screened?

Date:.......................................................... .......................................................... .......................................................... ..........................................................

RN Signature:.......................................................... .......................................................... .......................................................... .........................................................
Technique:

Ask the culturee to open the mouth widely and say a long "ah". The tongue should be gently depressed with a sterile tongue blade. The swab is then gently passed over the tongue and into the posterior pharynx. The mucosa behind the uvula and between the tonsils should then be gently swabbed with a back-and-forth motion.\textsuperscript{153}

The tongue should be depressed and the throat adequately exposed and illuminated. Routinely the swab should be rubbed over each tonsillar area and the posterior pharynx. Any area exhibiting exudate should also be touched. Care should be taken to avoid contaminating the swab by touching the tongue and lips.\textsuperscript{154}

Source: Diagram and related text reprinted with permission from Johnson 2007.\textsuperscript{153}
http://web.indstate.edu/thcm/micro/samp-lab.html
Appendix 11

Consent for the administration of medicines to treat Group A Streptococcal sore throat

I ............................................................ (Parent/Caregiver name)

Parent/Caregiver of ............................................................ (Childs name)

I agree for my child to be assessed by a Registered Nurse for Group A strep throat, throat swabbed and process begun of obtaining medication.

I understand I will be informed of the throat swab results and kept informed following any assessments.

I also understand that written consent will be obtained prior to my child being given any antibiotics.

I understand that this is for the treatment of sore throats that can cause rheumatic heart disease.

Consent can provided by phone for throat swabbing only

............................................................

Signature

Today’s date
ANTIBIOTIC INFORMATION FOR THE TREATMENT OF
Group A Streptococcal Sore Throat

Why has my child been advised to take this antibiotic?
Acute rheumatic fever leading to rheumatic heart disease is considered to be a preventable chronic disease. This is caused by Group A streptococcus (GAS) infection of the upper respiratory tract, and may result in damage to the mitral and/or aortic valves. Appropriate treatment of sore throats in high risk populations will eliminate Group A Streptococcus in most cases and prevent individual cases of acute rheumatic fever.

The antibiotic circled below has been prescribed for your child.

<table>
<thead>
<tr>
<th>ANTIBIOTIC</th>
<th>ROUTE</th>
<th>DOSE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin V</td>
<td>PO</td>
<td>Children: 20mg/kg/day in 3 divided daily doses</td>
<td>10 days</td>
</tr>
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<td></td>
<td></td>
<td>Maximum 500mg 3 times daily (250mg 3 times daily for smaller children)</td>
<td></td>
</tr>
<tr>
<td>Amoxycillin</td>
<td>PO</td>
<td>Weight:&lt;30 kg: 750mg once daily</td>
<td>10 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;30 kg: 1500mg once daily</td>
<td></td>
</tr>
<tr>
<td>Erythromycin Ethyl</td>
<td>by mouth</td>
<td>Children: 40mg/kg/day in 2 divided doses</td>
<td>10 days</td>
</tr>
<tr>
<td>Succinate (EES)</td>
<td></td>
<td>Maximum 1g/day</td>
<td></td>
</tr>
</tbody>
</table>

Please follow the instructions on the bottle carefully and make sure your child takes all the medicine.

Are there any possible side effects?
Side effects are rare. A few people experience skin rash, mild stomach upsets and allergic reactions.

I agree for the Registered Nurse to give the first dose to my child at school

Yes

No

Date received ................................ Signed ................................ (Parent/caregiver)

Time received ................................ Signed ................................ (RN)

If you have concerns or require further information please contact either ....................... (During working hours) or your GP.
# Standing Order for Nurse Treatment of Group A Streptococcal Pharyngitis

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>NHI</th>
<th>School</th>
<th>History of RF</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Allergies</td>
<td>Yes</td>
<td>Specify</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date of positive throat swab</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight</td>
<td>Kg</td>
<td>Penicillin V 20 mg per Kg per day divided into x 3 daily doses for 10 days as either syrup or tablets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Treatment</td>
<td></td>
<td>Amoxycillin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight:&lt;30 kg: 750mg once daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt;30 kg: 1500mg once daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Erythromycin tablets 400mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 tablet bd x 10 days = 20 tablets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Erythromycin suspension 400mg/5mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5mL bd x 10 days = 100mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date Supplied</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Household Check</td>
<td>Household Member RF</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 + cases GAS last 3 months</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Simultaneous Gas +</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contacts swabbed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nurse Full Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Signature</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Doctor Full Name</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Appendix 14

Letter to GP advising of treatment

____/____/____

Dear Doctor _____________________________

Your patient/s below have had a positive throat swab for Group A Streptococcus as part of the School Sore Throat Programme. They received a 10 day course of antibiotics on ____/____/____ as recommended in the New Zealand Guidelines for Rheumatic Fever. 2. Group A Streptococcal Sore Throat Management. They have been advised to contact you as soon as possible should any symptoms occur.

<table>
<thead>
<tr>
<th>Name of contact</th>
<th>DOB</th>
<th>Address</th>
<th>Drug (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 day course of: Penicillin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______ mg 3 x daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 day course of: Amoxycillin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______ mg. once daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Erythromycin 400mg bd or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______ mg 12 hourly.</td>
</tr>
</tbody>
</table>

Yours sincerely

___________________________________
Registered Nurse
Letter to GP request for assessment for Group A Strep Throat.

____/____/____

Dear Doctor ____________________

The child below was seen at school today as part of the Sore Throat Programme. The initial assessment by the Registered Nurse indicates a possible Group A Streptococcus throat infection. They may require a 10 day course of antibiotics as recommended in the New Zealand Guidelines for Rheumatic Fever. 2. Group A Streptococcal Sore Throat Management.

If they have not presented at the practice for assessment in the next 24 hours could you please notify the team as above for further follow up.

<table>
<thead>
<tr>
<th>Name of contact</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
</table>

Yours sincerely

___________________________________

Registered Nurse
ORGANISATIONAL POLICY:

NURSING REQUESTS FOR LABORATORY INVESTIGATIONS

AUTHORITATIVE SOURCE:
Accreditation Standards for Health and Disability services
IANZ Standards

AUTHOR:
Pathologist / TLab Manager

SCOPE:
All inpatient and outpatient requests for investigations.

PURPOSE:
To establish protocols to ensure the safe request of investigations by non-medical staff.

POLICY STATEMENT:
Requests for laboratory investigations by nursing staff will be accepted if

- the investigations are within the scope for a registered midwife to order
- a "pp" order exists from either a medical officer or an approved clinical guideline and the identified medical clinician responsible for the patient accepts responsibility for the results.
- or the nurse/ scope of practice is such that, in consultation with the medical clinician responsible for the patient, changes to treatment can be instituted by the nurse and the nurse accepts responsibility for ensuring appropriate action is taken in response to the results. This includes the following nurses such as Cardiac and Respiratory Care Coordinators, Diabetes Nurse Educator, Stomal Therapist, Occupational Health Nurse, Oncology Nurse, Renal Nurse, Ear Nurse Specialist, apart from Group and Hold samples.

Date of Approval

Next Review Date:
ORGANISATIONAL PROCEDURE:

MINIMUM REQUIREMENTS FOR LABORATORY REQUESTS FROM NURSES

| PURPOSE: | Nurses may order laboratory tests under special circumstances. It is essential that requests are accurate and complete. |
| INDICATIONS: | Only approved nurses and nurses completing laboratory requests forms on instruction of a medical officer. |
| EQUIPMENT: | Laboratory request form |
| ALERT: | Incomplete details may result in the sample not being processed and further sampling being required. |

**ACTION** | **RATIONALE**
--- | ---
Complete all sections. All handwriting must be legible and in blue or black ink. | To ensure information is readable.

Apply current sticky label to form, if available. Check currency of information e.g. correct clinician and ward. Other information requested on the form, and not supplied by the sticky label must still be filled out. | To ensure that results are assigned and forwarded to the correct medical clinician for follow-up.

The following is the minimum information required on the laboratory request form:

- Date of request
- Name of medical officer ordering investigation (e.g. pp Dr Smith)
- Signature of nurse/midwife completing request form
- Name and designation of nurse/midwife completing request form
- The test being ordered.
- Relevant clinical information.

---

Date of Approval:  
Next Review Date:
Evaluation of programme for: Standing orders for the administration of medicines to treat Group A Streptococcal Pharyngitis

Although there may be confounding variables, the primary outcome of the institution of this programme ought to be the reduction in the incidence of ARF, particularly in targeted high-risk groups.

However additional evaluation of the programme is sought:

Quantitative:
1. Number of children throat swabbed by age, ethnicity, referred by, deprivation rating
2. Number of children with positive throat swabs by age, ethnicity, referred by, deprivation rating
3. Number of children with negative throat swabs by age, ethnicity, referred by, deprivation rating
4. Number of children receiving antibiotics by age, ethnicity, referred by, deprivation rating
5. Satisfaction survey by parents after first 10 antibiotic treatments given then annually after that
6. Satisfaction survey by schools within 6 months of the programme starting then annually after that

Qualitative:
Feedback from staff within 3 months of the programme starting.

Information sought includes:
- Issues
- Successes
- Parent and school receptiveness
## Appendix 19

The following table provides a critique of the proposal against the Health Equity Assessment Tool (HEAT)

<table>
<thead>
<tr>
<th>What inequalities exist in relation to the health issue under consideration?</th>
<th>The high proportion of Maori making up the population of Tairawhiti; the low social-demographic status see this population experiencing considerable inequalities in health. Maori are over represented in the rheumatic fever statistics for this district therefore, districts such as Tairawhiti have the most to gain from a well run throat swabbing programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is most advantaged and how</td>
<td>Those people living in lower socio-economic environments as the service targets this population</td>
</tr>
<tr>
<td>How did the inequalities occur? What are the mechanisms by which the inequalities were created, maintained or increased?</td>
<td>The inequalities occurred owing to the inherent disparities in access to health promoting lifestyles and higher incidence of causes of ill health through the remoteness of region, lower employment rates, lower average income, overcrowding in homes and lower educational opportunities.</td>
</tr>
<tr>
<td>Where/how will this position intervene to tackle this issue?</td>
<td>Targeting the service to ensure Maori and Pacific people will receive the throat swabbing service that will in turn reduce the incidence of rheumatic fever. Create an awareness in the community that sore throats matter. Create supportive environments for people to access treatment. Reduce inequalities in health by taking the service to the people most at risk.</td>
</tr>
<tr>
<td>How will the position improve Maori health outcomes and reduce health inequalities experienced by Maori?</td>
<td>Reduce the incidence of rheumatic fever for Maori and Pacific people who currently experience the highest rates in this district. Improve access to treatment services for vulnerable communities.</td>
</tr>
<tr>
<td>How could this intervention affect health inequalities?</td>
<td>By empowering people to participate in the implementation of the sore throat programme. Improve access to sore throat swabbing and treatment services. Increased community awareness. Eradicating rheumatic fever and other Group A strep associated diseases. Remove a barrier to education and employment.</td>
</tr>
<tr>
<td>Who will benefit most?</td>
<td>The low socio-economic population of Tairawhiti. Maori and Pacific people.</td>
</tr>
<tr>
<td>What might the unintended consequences be?</td>
<td>Overuse of antibiotics. Create a dependency on the service as opposed to empowering people to take responsibility for their health.</td>
</tr>
<tr>
<td>What will we do to make sure the service does reduce inequalities</td>
<td>Target the most vulnerable communities. Work with local communities to ensure the service is appropriate and acceptable. Take the service to the people.</td>
</tr>
<tr>
<td>How will we know if inequalities have been reduced?</td>
<td>By monitoring the uptake of the programme. By noticing a reduction in the number of new rheumatic fever cases in Tairawhiti.</td>
</tr>
</tbody>
</table>
# PEER REVIEW STANDING ORDERS

Name of PHN: _______________________

<table>
<thead>
<tr>
<th>Task</th>
<th>Tick if met</th>
<th>Comments / Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral processes within reasonable timeframe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained consent (verbal or written)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked if there are other children in the family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked if parents/caregiver are taking child/children to Doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent contacted – adequate information covered to allow informed choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History sheet correctly completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat swabbed correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab form completed correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Followed algorithm (Sore throat management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivered medication, checked 5 rights prior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written consent for medication obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked swab results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>