STANDING ORDER

SORE THROAT

I. ASSESSMENT

a. History (what the inmate tells you)
   i. Onset of sore throat
   ii. Do they have other symptoms – fever, rhinorrhea, cough, malaise, rash, hoarseness, nausea, vomiting, diarrhea, headache.

b. Exam
   i. Take vital signs, including temperature
   ii. Inspect throat – look for redness and swelling of the throat. Do they have exudate seen on the tonsils? Are the tonsils enlarged?
   iii. Feel the neck – are there lymph nodes that are enlarged and tender?

<table>
<thead>
<tr>
<th>History</th>
<th>Exam</th>
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</thead>
<tbody>
<tr>
<td><strong>Strep Pharyngitis</strong></td>
<td><strong>Beefy, red tonsils and pharynx with exudate</strong></td>
</tr>
<tr>
<td>Acute onset of severe sore throat and fever is almost always present, sometimes nausea, vomiting, and abdominal pain. No viral symptoms present – rhinorrhea, cough, red eyes, hoarseness. Rash presents within 1-5 days after sore throat begins – this is then defined as scarlet fever if rash present with the above concerns.</td>
<td>Fever present – low grade is fine Enlarged tender lymph nodes of the neck Rash presents on the chest and armpits then spreads to abdomen and extremities – spares the palms and soles. Rash is red and flat but can have sand-paper texture “sunburn with goose pimples”.</td>
</tr>
<tr>
<td><strong>Viral Pharyngitis</strong></td>
<td><strong>Pharynx is red</strong></td>
</tr>
<tr>
<td>Sore throat without fever and symptoms generally less severe. May or may not have other symptoms. No rash. No nausea or vomiting.</td>
<td>Lymph nodes may or may not be enlarged and tender No fever present</td>
</tr>
<tr>
<td><strong>Viral URI</strong></td>
<td><strong>Pharynx is red, no tonsil enlargement. No exudate on tonsils. No fever. Nasal congestion present. May hear mild cough during exam. No rash. No lymph node enlargement.</strong></td>
</tr>
<tr>
<td>Sore throat that is milder and is present with rhinorrhea, cough, red eyes, or hoarseness. Mild malaise, if present.</td>
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II. MANAGEMENT

(Based on the above table follow the following steps based on history and presentation)

a. Strep Pharyngitis
   i. Obtain Rapid Strep Test
      1. If positive:
         a. Penicillin 500 mg PO TID for 10 days
         b. If PCN allergy OR inmate will not be in custody for length of treatment:
            i. Azithromycin 500 mg PO daily for 5 days
            c. Place inmate in medical housing until 24 hours after first dose of antibiotics to avoid spreading.
            d. Offer the following analgesics:
               i. Tylenol 1,000 mg PO BID prn pain for 7 days OR
               ii. Ibuprofen 600 mg PO BID prn pain for 7 days
         e. Advise on salt water gargles
      2. If negative:
         a. Send swab for throat culture
         b. Advise on salt water gargles
         c. Offer the following analgesics:
            i. Tylenol 1,000 mg PO BID prn pain for 7 days OR
            ii. Ibuprofen 600 mg PO BID prn pain for 7 days
         d. When results are back, give to Facility Provider for review

b. Viral Pharyngitis OR Viral URI
   i. Advise on salt water gargles
   ii. Offer the following analgesics:
      1. Tylenol 1,000 mg PO BID prn pain for 7 days OR
      2. Ibuprofen 600 mg PO BID prn pain for 7 days

III. EVALUATION

a. If symptoms worsen or persist for more than 5 days regardless of the above treatment given, please schedule inmate to see Facility Provider on next clinic day.