

Tonsillitis Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Tonsillitis
Rationale	To ensure swift and appropriate treatment of tonsillitis
Scope (condition and patient group)	Adults and children more than 3 years of age who met criteria below for decision of whom may have group A beta haemolytic streptococcus infection.
Red Flags	<p>1. Signs of peritonsillar cellulitis or abscess (quinsy) development.</p> <ul style="list-style-type: none"> • Signs of quinsy: <ul style="list-style-type: none"> i) Unilateral tonsillar displacement ii) Trismus iii) Drooling of saliva and severe unilateral ear and neck pain <p>2. Swelling causing acute upper airways obstruction or dehydration due to swallowing difficulty.</p>
Assessment	<p>1. Look for:</p> <ul style="list-style-type: none"> • Fever • Appearance of tonsils and pharynx • Cervical lymphadenopathy • Systemic signs <p>2. It can be difficult to differentiate between a viral and bacterial cause by inspection alone. To help decide who may have a group A beta haemolytic streptococcus (GABHS) infection and could benefit from antibiotic treatment, consider these criteria:</p> <ul style="list-style-type: none"> • History of fever or measured temperature >38 • Absence of cough • Tender anterior cervical adenopathy • Tonsillar swelling or exudate (pus) • Age 3 to 14 years <p>Management recommendations:</p> <ul style="list-style-type: none"> ▪ for 4 or more clinical criteria – antibiotics ▪ for 2+ criteria – perform a culture and wait for results ▪ for 1 criteria – no culture, no antibiotics and arrange follow-up <p>3. Consider if at risk of rheumatic fever.</p> <ul style="list-style-type: none"> • In parts of New Zealand rheumatic fever is still common. Those at higher risk are: • Maori or Pacific peoples • Aged 3 to 35 years (in particular children 5 to 15 years) • Living in lower socioeconomic areas • Living in overcrowded accommodation • Those with a past history of acute rheumatic fever <p>4. Do not perform routine throat swabs and rapid antigen tests unless high risk of rheumatic fever. Note: Rapid antigen tests can however be useful to reduce antibiotic prescribing in those at low risk of rheumatic fever e.g., South Island Europeans.</p> <p>5. In adolescents and young adults, consider glandular fever.</p>

Indication	For patients at low risk of rheumatic fever (age > 5 years and assessed as likely to take medication reliably (must have 4 or more clinical criteria met (see above))
Medicine	Phenoxymethylpenicillin (penicillin V)
Dosage instructions	Adult and child ≥ 20kg: 500 mg TWICE daily for 10 days. Child <20kg: 250 mg TWICE daily for 10 days.
Route of administration	Oral
Quantity to be given	10 days supply
Contraindications	Allergy to penicillin's
Precautions	<ul style="list-style-type: none"> History of allergies
Indication	For patients at risk of rheumatic fever and unlikely to take medication regularly, or age < 5 years (must have 4 or more clinical criteria met (see above))
Medicine	Amoxicillin
Dosage instructions	50mg/kg dose ONCE daily (Max daily dose 1000mg) for 10 days or If < 30 kg: give 750 mg ONCE daily for 10 days. If > 30 kg: give 1000 mg ONCE daily for 10 days.
Route of administration	Oral
Quantity to be given	10 days supply
Contraindications	Allergy to penicillin's
Precautions	<ul style="list-style-type: none"> History of allergies
Indication	If patient has a penicillin allergy (must have 4 or more clinical criteria met (see above))
Medicine	Erythromycin ethylsuccinate
Dosage instructions	Adult: 400mg TWICE daily for 10 days. Child: 20mg/kg TWICE daily for 10 days. Maximum 400mg per dose
Route of administration	Oral
Quantity to be given	10 days supply
Contraindications	Concomitant colchicine in patients with hepatic or renal impairment
Precautions	<ul style="list-style-type: none"> Seek medical or pharmacist advice if patients are on any other medications or have a history of cardiac, renal or liver disease. If patient on warfarin—monitor INR 3 days after starting antibiotics
Additional information	Regular simple analgesia (as per Pain Standing Order), rest and adequate fluid intake should be encouraged. Monitor for signs of dehydration (NSAID use contraindicated) and for review with medical or nurse practitioner if any Red Flags.
Follow-up	For review 1/7 if not improving as expected, sooner if becoming increasingly unwell or Red Flags develop. Otherwise, follow up at completion of antibiotic treatment.
Countersigning and auditing	Countersigning is not required. Audited monthly. OR Countersigning is required within XX days
Competency/training requirements	All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.
Supporting documentation	Healthpathways at www.healthpathways.org.nz Best Practice Journal at www.bpac.org.nz New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) Guidelines for rheumatic fever from the Heart Foundation www.heartfoundation.org.nz
Definition of terms used in standing order	

Medical Centre or Clinic: _____

Signed by issuers

Name: _____

Signature: _____

Title: _____

Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____