

SORE THROAT AUDIT in Primary Care

Aim

To evaluate antibiotic prescribing for Sore Throat symptoms against the NICE clinical guideline 69: *Respiratory tract infections-antibiotic prescribing* and Public Health England (PHE) or local Infection management guidelines.

Audit requirements

Search for consultation records with the following clinical conditions or the corresponding Read code.

1C9	Sore throat Symptom
H03	Acute tonsillitis
H040	Acute laryngitis
1C9-1	Throat soreness
A340	Streptococcal sore throat
H02-2	Viral sore throat NOS
H02-3	Throat infection - pharyngitis
H024	Acute viral pharyngitis
H02z	Acute pharyngitis NOS
H03-1	Throat infection - tonsillitis
H03-2	Tonsillitis
H031	Acute follicular tonsillitis
H036	Acute viral tonsillitis
H037	Recurrent acute tonsillitis
H03z	Acute tonsillitis NOS
1C92	Has a sore throat
1CB3	Throat pain

At least 20 consultations should be analysed to determine overall compliance with NICE and PHE Primary Care guidance. Compliance with the decision to treat a patient with a respiratory tract infection can be determined by using the care pathway present in [NICE clinical guideline 69: Respiratory Tract infections-antibiotic prescribing](#).

Patients with 1 or none of the Centor criteria are **most unlikely** to have a bacterial sore throat therefore the delayed antibiotic prescription is an option. Especially if the patient or GP are unsure of the most appropriate approach, the patient is not able to return to the surgery or the GP is not prepared to take the “risk” of a no prescribing option.

Patients with 2 criteria may merit testing, including rapid antigen tests. Antibiotic prescription should be limited to patients with 3 or 4 criteria. If Centor score 3 or 4: (Lymphadenopathy; No Cough; Fever; Tonsillar Exudate) consider 2 or 3-day delayed or immediate antibiotics or rapid antigen test.

Compliance with the antibiotic(s) prescribed, dose, frequency and duration can be determined using the [HPA Primary Care guidance](#) or local PCT guidance for sore throats.



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The current PHE Primary Care Guidance for acute sore throats.

ILLNESS	COMMENTS	DRUG	ADULT DOSE	DURATION OF TREATMENT
Acute Sore Throat CKS	Avoid antibiotics as 90% resolve in 7 days without, and pain only reduced by 16 hours ^{2A+} If Centor score 3 or 4: (Lymphadenopathy; No Cough; Fever; Tonsillar Exudate) ^{3A-} consider 2 or 3-day delayed or immediate antibiotics ^{1,A+} or rapid antigen test. RCT in <18yr olds shows 10d had lower relapse ⁸ Antibiotics to prevent Quinsy NNT >4000 ^{4B-} Antibiotics to prevent Otitis media NNT 200 ^{2A+}	phenoxymethylpenicillin ^{5B-} <i>Penicillin Allergy:</i> Clarithromycin	500 mg QDS ☺ 1G BD ^{6A+} (QDS when severe ^{7D}) 250-500mg BD ☺	10 days ^{8A-} 5 days ^{9A+}

Results

The following two tables show the results that should be recorded

	NICE Criteria		Total
	Met	Not Met	
Immediate Prescribing			
Delayed Prescribing			
No prescribing			
Total			

Total number of patients prescribed an antibiotic	
Antibiotic Choice Correct	
Dose Correct	
Frequency Correct	
Course Length Correct	
All Parameters of Antibiotic Prescribing Correct	

Calculations:

Overall compliance with NICE guidance (whether to prescribe) = total NICE criteria met/ total number of patients (NICE criteria met + NICE criteria not met) x 100

Overall compliance to HPA Primary Care guidance = all parameters of antibiotic prescribing correct/total number of patients prescribed an antibiotic x 100

Actions:

