

TODAY:

- 1. Review Text Analysis
- 2. Groups: Analyse 4 texts
- 3. Answer 15 questions



Acute sore throat: texts

TEXT A

When advising patients, nurses should:

Be aware that:

- acute sore throat (including pharyngitis and tonsillitis) is self-limiting and often triggered by a viral infection of the upper respiratory tract
- symptoms can last for around 1 week, but most people will get better within this time without antibiotics, regardless of cause (bacteria or virus)

Give advice about:

- the usual course of acute sore throat (can last around 1 week)
- managing symptoms, including pain, fever and dehydration, with self-care (see the recommendations on self-care)

Reassess at any time if symptoms worsen rapidly or significantly, taking account of:

- alternative diagnoses such as scarlet fever or glandular fever
- any symptoms or signs suggesting a more serious illness or condition
- · previous antibiotic use, which may create resistant organisms

For patients who have symptoms and signs of a more serious illness or condition, or are at highrisk of complications, offer an immediate antibiotic prescription. If there are signs of a severe systemic infection, you should refer immediately to hospital.

TEXT C

People who are unlikely to benefit from an antibiotic:

- Do not offer an antibiotic prescription
- As well as the general advice mentioned above, give advice about:
 - o an antibiotic not being needed
 - seeking medical help if symptoms worsen rapidly or significantly, do not start to improve after 1 week, or the person becomes systemically very unwell

People who may be more likely to benefit from an antibiotic:

Consider no antibiotic prescription with advice or a back-up antibiotic prescription, taking account of:

- evidence that antibiotics make little difference to how long symptoms last (on average, they shorten symptoms by about 16 hours)
- evidence that most people feel better after 1 week, with or without antibiotics
- the unlikely event of complications if antibiotics are withheld
- possible adverse effects, particularly diarrhoea and nausea

People who are most likely to benefit from an antibiotic (FeverPAIN score of 4 or 5)

- Consider an immediate antibiotic prescription (see recommendation for choice of antibiotic), or a back-up antibiotic prescription with advice.
- When an immediate antibiotic prescription is given, as well as the general advice in recommendation, give advice about seeking further help.

TEXT B

We recommend the use of these criteria to assess acute sore throats.

- Fever (during previous 24 hours)
- Purulence (pus on tonsils)
- Attend rapidly (within 3 days after onset of symptoms)
- Severely Inflamed tonsils
- No cough or coryza (inflammation of mucus membranes in the nose)

Each of the FeverPAIN criteria score 1 point (maximum score 0.5). Higher scores suggest more severe symptoms and likely bacterial (streptococcal) cause: A score of 0 or 1 is thought to be associated with a 13 to 18% likelihood of isolating streptococcus. A score of 2 or 1 thought to be associated with a 34 to 40% likelihood of isolating streptococcus, and a score of 2 or 1 thought to be associated with a 62 to 65% likelihood of isolating streptococcus

TEXT D

Table 1: Antibiotics for adults aged 18 years and over

Phenoxymethylpenicillin	500 mg four times a day or 1000 mg twice a day for 5 to 10 days ^[C]
Alternative first cho	ices for penicillin allergy or intolerance ^[D]
Clarithromycin	250 mg to 500 mg twice a day for 5 days
Erythromycin	250 mg to 500 mg four times a day or 500 mg to 1,000 mg twice a day for 5 days

chance of microbiological cure.

^[0] Erythromycin is preferred in women who are pregnant



SEE VIDEO FOR QUESTIONS