

PHARYNGITIS - BACTERIAL/VIRAL

Level II

Skill Level: RN

Definition: An inflammation of the mucous membrane of the pharynx, tonsils or both. Cause may be viral or bacterial.

<p>Subjective:</p> <ul style="list-style-type: none">• Throat sore - hard to swallow. Abrupt onset, skin rash. Plugged ears or decreased hearing.• Difficulty swallowing foods/liquids.	<p>Assessment:</p> <ul style="list-style-type: none">• Alterations in comfort.• Potential for fluid volume deficit.• Potential for alteration in nutritional status.• Potential for sensory deficit: hearing.• Pharyngitis
<p>Objective:</p> <ul style="list-style-type: none">• Throat beefy red.• Pustules may be present.• Edematous throat.• Tenderness in lymph nodes.• Temperature may be elevated.• Ears: Dull and/or retracted tympanic membranes. Ear canal may be pink• Fine red rash may be present with sore throat.• Nasal passages pink, moist.• No significant cough.	<p>Plan:</p> <ul style="list-style-type: none">• Provide Level I treatment plan plus: At nursing discretion may use any of the below:• Check for allergies to medications.• If 3 of the 5 symptoms listed below exist start antibiotic therapy: pustules, tender lymph nodes, pharyngeal edema, bright red throat, temperature greater than 102.• Initiate antibiotics:<ul style="list-style-type: none">○ Amoxicillin 500 mg TID x 10 days,OR○ EES 800 mg BID x 10 days if Penicillin allergy.• Notify practitioner immediately if patient has breathing difficulties or undue swelling in the pharynx.

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Patient Teaching:

1. Increase hydration with non-caffeinated beverages.
2. Medications: Teach purpose, dosage and side effects.
3. Explain disease process and outcome; Strep infection is rare with adults.
4. Advise that discomfort may last several days.
5. Return to clinic if signs and symptoms increased or no improvement in 3 days.
6. Encourage good hand hygiene.

APPROVED:

Health Services Manager

Date

Chief Medical Officer

Date

Steve Sheehan MD

Medical Director

1/12/09

Date

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