

Clinical Decision Making Pathway

This document is designed to aid the clinical decision making for GPs seeing children diagnosed with **Group A Strep/scarlet fever** in the primary care setting. The clinical examination of the child will deem them high/intermediate/low risk and as such will aid the decision as to the appropriate health care support.

This decision-making pathway is not a substitute for the exercise of professional/clinical judgement.

Normal Paediatric Values		
	Resp rate at rest (b/min)	Heart rate (bpm)
< 1 year	25-40	120-160
1-2 years	25-35	100-150
2-5 years	25-30	95-140
5-12 years	20-25	80-125
>12 years	15-20	60-100

Child seen and assessed by GP / ANP

Child diagnosed with OR likely **Group A Strep/scarlet fever**

Clinical Assessment

FeverPain Score – see over

- ? **Fever** in last 24 hours
- ? **Purulence**
- ? **Attend rapidly** under 3 days
- ? **Inflamed tonsils**
- ? **No cough or coryza**

High Risk

- ? Lethargic/difficult to rouse
- ? Moderate/Severe respiratory distress
- ? Pallor/cyanosis/pale /mottled
- ? Non-blanching rash
- ? Temp 38° in < 3months
- ? Taking < 50% normal intake
- ? Moderate/severe dehydration
- ? Stridor
- ? Drooling
- ? Difficulty in speaking
- ? Febrile convulsion
- ? No Urine Output in 24 hours

Intermediate Risk

- ? Intermittently miserable/drowsy
- ? Taking ≥ 50% normal intake
- ? Reduced Urine output in 8hrs (<1yr) 12hrs (>1yr)
- ? Tender cervical lymphadenopathy
- ? Mild dehydration
- ? Tachypnoea/ SOB
- ? Rigors
- ? Temp >39°c
- ? Mild respiratory distress
- ? 'Strawberry tongue'
- ? Concern about parents' ability to monitor/manage child's condition

Low Risk

- ? Alert
- ? Content
- ? Earache/sore throat
- ? Pain resolves with analgesia
- ? Adequate fluid intake
- ? No Social concerns
- ? No cervical lymphadenopathy

If any red features

Consider Sepsis
[Healthier Together Community Sepsis Pathway](#)

Refer to Paediatric Consultant Basingstoke/ Winchester

Call 999

If any amber features and no red

Start oral antibiotics -as per Pier Guide (Doses overleaf) and refer to CHAT. Use clinical judgement to determine the urgency of their review.

CHAT review(s)

Condition deteriorated

Refer CDU/Sophie's place

Condition improved

Discharge

If all green features no amber or red

Start oral antibiotics -as per PIER Guidance (Doses overleaf)

Child can be managed at home with appropriate care and advice, including when to seek further help.

Clinical Decision Making Pathway

Group A Strep (GAS)

FeverPAIN

People with a sore throat caused by streptococcal bacteria are more likely to benefit from antibiotics. FeverPAIN is a clinical scoring tool that can help to identify the people in whom this is more likely.

FeverPAIN criteria – score 1 for each positive answer

- ? 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 of 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 3 is thought to be associated with a 34 to 40% likelihood of isolating streptococcus.

A score of 4 or 5 is thought to be associated with a 62 to 65% likelihood of isolating streptococcus.

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

Treatment for Scarlet Fever or Tonsillitis as per *PIER “FIRST-LINE EMPIRICAL ANTIBIOTIC THERAPY FOR SPECIFIC CHILDHOOD INFECTIONS”*

For children unable to swallow tablets, **amoxicillin** 40mg/kg bd **PO** (max 1g per dose) for 7 days – see recent [Cochrane review](#).

For children able to swallow tablets; if age 6-12 years, **penicillin V** 500mg bd; if age >12 years, **penicillin V** 1 g bd for 7 days (see [review on frequency of penicillin dosing – bd versus qds](#)).

[azithromycin PO for 5 days for penicillin allergy]