

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
SORE THROAT COMPLAINTS

Initial Date: December 21, 2020

Revised Date:

Section 11-79

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with an isolated sore throat without other respiratory complaints, and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Sore throat, strep throat, croup

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional history and assessment including the following:
 - a. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
 - b. Detailed examination of the face, neck, mouth
- III. Diagnostics to consider
 - a. Strep test or other throat cultures per physician order **see Specimen and Collection protocol**
 - b. Lab draw for blood tests (example: mono spot) per physician's order **see Specimen and Collection protocol**
- IV. Patients with any of the following, consider transport to ED **see CIP Medical Direction protocol:**
 - a. Systemic symptoms
 - b. Vital sign changes or instability
 - c. Significant lab abnormalities
 - d. Altered level of consciousness
 - e. Facial or neck swelling
 - f. High fever
 - g. Significant voice change "hot potato voice"
 - h. Uvula deviation or swelling
 - i. PO Intolerance
 - j. Inability to swallow/drooling
 - k. Fatigue
 - l. Loss of appetite
 - m. Body aches
 - n. Chills
 - o. Stridor
- V. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Fluid
 - i. ☒ IV fluid bolus up to a maximum of 2 liters for signs of dehydration

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1. Caution with CHF and renal patients, consult physician prior to administration
 - c. Antipyretics/Analgesics
 - i. ☒ Acetaminophen 325 mg PO (Max dose 650 mg) (optional)
 - ii. ☒ Ibuprofen 200 mg PO (Max dose 600 mg)
 - iii. ☒ Throat lozenges
 - d. Antibiotics for suspected strep upon physician's orders.
 - i. Strep
 1. ☒ Penicillin V potassium 500 mg PO, QID. 7-10 days
 2. ☒ Amoxicillin 500 mg PO, TID 7-10 days.
 3. ☒ Cephalexin 500 mg PO, QID. 7-10 days
 4. ☒ Azithromycin 250 mg PO . Two (2) tablets on the first day followed by 1 daily for 4 additional days
 5. ☒ Amoxicillin/clavulanate 500 mg/125 mg PO
 - VI. Counsel/Educate
 - a. PO recommendations
 - b. When to contact a health care provider