A MULTICULTURAL
APPROACH TO
DECREASING
UNNECESSARY
ANTIBIOTIC
PRESCRIBING FOR
PHARYNGITIS

MERCEDES CAMACHO, FNP-BC, DNP(C)

CORINNE ELLIS, DNP, RN



THE THREAT!

ANTIBIOTIC RESISTANCE ALL OVER OUR GLOBE.

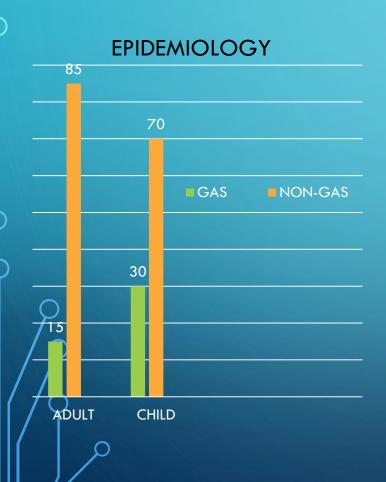


 US Two million people are infected each year with microbes we cannot eradicate and 23,000 die.

- Europe 25,000 fatalities
- India 164,833 newborn deaths

A Major cause of the rise in Antibiotic resistant bacteria is the unnecessary and over prescribing of Antibiotics.

ANTIBIOTIC PRESCRIBING RATES VS ACTUAL EXISTANCE OF GROUP A STREPTOCOCCI PHARYNGITIS (GAS)



PRESCRIBING RATES FOR NON-GAS PHARYNGITIS

- 65% Nurse Practitioners
- 54% Physicians

ANTIBIOTIC STEWARDSHIP

- Accountability
- Responsibility
- Prescribing based on clinical exam,
 laboratory data, & in accordance
 with evidence based guidelines



BARRIERS TO ANTIBIOTIC STEWARDSHIP

- Clinician-patient communication
- Knowledge gap re guidelines
- Perceived pressure to prescribe
- Failure to ascertain the ideas, concerns and actual expectations of patients
- Practice setting/school-work factors

PHARYNGITIS INTERNATIONAL GUIDELINES

Country	Rapid Antigen Test/Throat Culture	Clinical scoring	When to treat
US (IDSA) 2012	Yes for bacteria like presentation, no back up culture on adults	No	+ RADT
US (ICSI) 2013	Yes with back-up culture	No	+RADT/culture
Scotland (SIGN) 2010	No	Yes, not reliable	Severe cases
UK (NICE) 2008	No	Yes	Severe cases

ALGORITHM FOR PHARYNGITIS (IDSA)

Obvious viral presentation (hoarseness, dry cough, coryza)

No RADT or throat culture

No antibiotics

Age 3-15 years: Do back up throat culture

Negative RADT

Adults: No back up throat culture, No antibiotic

Suspected bacterial infection (exudates, fever, rash, swollen tonsils/nodes)

Positive RADT: Rx penicillin/amoxicill in or alternative if allergic

Consider alternate microorganism (N. gonorrhea, Group G strep, chlamydia, Mono)

