

Amanda Wheaton is a 23 year old female complaining of sore throat. She has no known allergies, is 5' 7" and 120 pounds. Ms. Wheaton claims her sore throat started about two days ago. She states that Tylenol and ice cream have helped her sore throat. She also complains of mild headaches that come and go, fever, bilateral swollen and tender glands and feeling lousy. She states that her pain is a 11 on a scale from 1-10, feels like an ice pick is in her throat and it's the worst pain in her entire life. She states she does have a past medical history of infectious mononucleosis at the age of 15 and currently takes drospirenone/ethinyl estradiol.

Amanda Wheaton is awake, alert and orients x4. Patient is age appropriate and in no distress at this time. Patient is calm. Her vital signs are as follows: blood pressure 126/80, pulse 94 beats per minutes, 38.6 degree Celsius (101.5 degree Fahrenheit), respiration rate of 14 and oxygen levels of 98%. She has normal conjunctive. No scleral icterus. Bilateral clear tympanic membranes. Normal nasal mucosa. Non-tender sinuses upon examination. Tonsils are mildly to moderately enlarged; prominent exudates bilaterally. Posterior pharyngeal erythema. No oral ulcers or vesicles. Normal dentition; no evidence of infection. Bilateral cervical lymphadenopathy. Nodes are ~1.5 cm in size; rubbery, mobile. Neck is supple; full range of motion. Her tympanic membranes bilaterally are pearly grey with visible landmarks and light reflex. Her pupils are equal, round and reactive to light and accommodation. Normal heart sounds noted. No murmurs noted. No edema noted on upper/lower extremities. Clear breath sounds throughout bilateral lungs. Chest expansion is symmetrical. Abdomen is flat and symmetric with no scars, deformities, striae or lesions. Abdomen soft, non-tender. Bowel sounds normal. All reflexes are intact. Patient gait is steady. Patient is able to void freely. Skin is pink, warm and dry. Normal skin turgor. No rash, lesions or icterus noted. Her influenza PCR (nasal swab) is negative and rapid strept antigen detection test is negative. The throat culture shows gram-positive cocci in pairs and chains.

Diagnosis: Group A Streptococcus

Pharyngitis In order to confirm this diagnosis, a rapid antigen detection test (RADT) or throat culture can be used. In comparison to throat cultures, RADTs demonstrate a high sensitivity for group A strep but may have a diverse sensitivity. The gold standard diagnostic test is the throat culture. (CDC, 2018). In Amanda's case, her RADTs came back negative but her throat culture came back positive for gram positive cocci in pairs and chains.

Patient was instructed to take Acetaminophen 650mg, every 6 hours PRN, for fevers and headaches. Amoxicillin 500mg every 12 hours for 10 days. Rest, drink lots of fluids, can perform salt water oral rinses, use sprays that contain topical anesthetics or lozenges to relieve sore throat and perform hand hygiene when necessary (Mustafa & Ghaffari, 2020).

At this time, patient does not need any other consults or referrals. If signs/symptoms worsen, patient instructed to call me or go the hospital for treatment. If symptoms do not improve within 72 hours, patient instructed to follow up.

## **References**

Centers for Disease Control and Prevention. (2018). Pharyngitis (strep throat): Information for clinicians. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html>

Mustafa, Z., & Ghaffari, M. (2020). Diagnostic Methods, Clinical Guidelines, and Antibiotic Treatment for Group A Streptococcal Pharyngitis: A Narrative Review. *Frontiers in cellular and infection microbiology*, 10, 563627. <https://doi.org/10.3389/fcimb.2020.563627>