Institution :

Effective date : *date of signature of adoption or date after signature determined by the establishment*

Date of last review (if applicable) :

Validity period : *maximum of 36 months*

Protocol number (if applicable) : *enter the # of the internal protocol or the INESSS protocol and add the Web link*

*Initiating a rapid Group A streptococcus (GAS) detection test by a nurse falls within the scope of the following reserved activity: “Evaluating the physical and mental condition of a symptomatic person”. However, a collective prescription is required by the nurse in order to request a throat culture and initiate pharmacological treatment.*

clinical situation or target population

Person 3 years of age or older who has had a sore throat for less than 9 days.

Indications for application of the protocol

Person with any of the following signs and symptoms:

* Tender or swollen anterior cervical lymph nodes;
* Exudate or swollen tonsils;
* Fever > 38.0°C (oral, rectal or axillary temperature).

service location

*Indicate the* ***sector(s)*** *(e.g. obstetrics, home care) or the* ***setting(s) affiliated with an institution*** *(e.g. CLSC, CHSLD, hospital) or the* ***non-institutional setting(s****) (FMG, private clinic, community pharmacy).*

* Xxxx
* Xxxx

AUTHORIZED HEALTH PROFESSIONAL(S) OR OTHER AUTHORIZED PERSON(S)

*Enter the name of the authorized professional or other person authorized to use the collective prescription for the performance of a professional activity. Certain qualifications or training may be required.*

*Example: Clinical nurses who have taken the “x” training available on the digital learning environment (DLE) website.*

* Xxxx
* Xxxx

PROFESSIONAL ACTIVITY OR ACTIVITIES CONCERNED

*The collective prescription must stipulate the activity or activities reserved for the authorized persons concerned by the prescription. A list of the activities that can be performed under a collective prescription is available on the Collège des médecins du Québec’s website (*[*Tableau des professionnels et intervenants pouvant répondre à une OC*](https://cms.cmq.org/files/documents/Pratiquer-medecine/activites-partageables/liste-act-reservees-avec-sans-ordonnance.pdf)).

*Example: Initiating diagnostic and therapeutic measures in accordance with a prescription.*

* Xxxx
* Xxxx

contraindications

Same contraindications as those specified for application of the national medical protocol, i.e. :

* Person in whom collecting a throat swab is contraindicated (according to the Online Care Procedures [OCPs]);
* The presence of any of the following signs and symptoms (**warning signs**):
	+ Fever with impaired overall health;
	+ Stridor or other signs of respiratory distress (e.g., tachypnea, dyspnea, etc.);
	+ Neck pain or swelling, torticollis due to muscle spasm or stiff neck;
	+ Visible swelling of the pharynx, pharyngeal wall, soft palate or floor of the oropharynx;
	+ Hypersalivation (sialorrhea);
	+ Severe unilateral sore throat;
	+ Dysphagia with the inability to drink or eat;
	+ Dysphonia or the presence of a muffled voice referred to as a “hot potato voice” (person speaks as though they had a hot potato in their mouth);
	+ Hematuria;
	+ Purpura;
	+ Petechiae on the skin;
	+ Trismus (involuntary contraction of the jaw).

QUÉBEC’S NATIONAL MEDICAL PROTOCOL

Refer to current Québec’s national medical protocol No 888054, written by the Institut national d’excellence en santé et en services sociaux and available on its website, when executing this prescription.

LIMITS OR SITUATIONS WHERE A consultation is mandatory

* 3 or more pharmacological treatments in the past year or a treatment in the past 4 weeks for GAS pharyngitis;
* Pregnant woman with a Centor score of 2 or less;
* Negative result in:
	+ A pregnant woman;
	+ A transplant recipient on immunosuppressants;
	+ A patient with any sign suggestive of scarlet fever;
* No improvement or worsening health after 48 to 72 hours of antibiotic therapy.

mode of communication

*If applicable, plan the preferred mode of communication between the health professional (physician or Specialized Nurse Practitioner (SNP)) and the authorized professional or the authorized person referred to in the CP for information considered essential.*

REFERENCE TOOLS AND sources

*The main reference items used, namely, protocols, guidelines and reference documents that were used to develop this collective prescription, are to be mentioned in this section.*

Identification of prescribing professional

*The collective prescription must specify the names of all the prescribing professionals, that is, those who participate in the collective prescription, their telephone numbers and their license numbers.*

identification of responding professional

This section should help the authorized professional or the other authorized person who uses the collective prescription to identify the responding professional(s) or to provide a mechanism of identifying them.

Example: The on-duty physician or SNP at the FMG’s walk-in clinic.

implementation process

1. **development of current version**

*Identification of the physician(s), the SNP and the collaborators involved. It is important to identify, when first starting to develop the CP, all the professionals who will participate in it.*

1. **VALIDATION OF CURRENT VERSION**

*Identification of those responsible with regard to their reserved professional activities.*

1. **APPROVAL OF CURRENT VERSION WITHIN THE INSTITUTION**

*Via the signature of the representative of the Conseil des médecins, dentistes, pharmaciens et sagesfemmes (CMDPSF) when a physician acts as the prescriber and responding professional.*

*Via the signature of the Director of Nursing (DN), if the SNP is the prescriber and responding professional.*

***!*** *The CP must be signed by the CMDPSF representative and the DN when it involves both parties.*

**Representative of the Conseil des médecins, dentistes, pharmaciens et sages-femmes (CMDPSF)**

Last name : First name :

Signature : Date :

**Director of Nursing (DSI)**

Last name : Fisrt name :

Signature : Date :

1. **APPROVAL OF CURRENT VERSION OUTSIDE THE INSTITUTION**

*Via the signature of each of the prescribing professionals for whose patients the collective prescription can be initiated.*

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| --- | --- | --- | --- |
| Last name and first name | License No. | Signature | Telephone |
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