

Does my child have Strep Throat?

Triage Nurse's will commonly get calls from concerned parents asking for an antibiotic to be called in for their child's sore throat. Many things, including viruses, allergens, environmental triggers such as cigarette smoke as well as bacterial reasons such as strep throat can cause sore throats. It is important for the nurse to fully assess the child's symptoms and reassure the parent while not offering a diagnosis, which is outside the scope of nursing!

This evening, the mother for 10-year-old Pete is calling the triage nurse. School started less than one week ago and today Pete came home from school complaining of a sore throat, pain when he swallows and he has a fever of 101 orally. The mother states she had Pete open his mouth widely and she could see his tonsils were red, swollen and she noticed white patches on his tonsils and small red dots on the roof of his mouth. This mother has concerns that her son has Strep Throat and needs an antibiotic started immediately.

The nurse listens closely to all the information the mother has collected. It all seems important to determining the proper outcome for Pete this evening. The nurse also rules out difficulty in breathing or any severe difficulty in swallowing. His breathing is not labored and he is talking normally. He does say it is painful to swallow but is not spitting out his saliva and can swallow sips of cold fluids.

The nurse continues to assess Pete's symptoms and discovers he also has a mild headache, generalized stomachache and is a little nauseated. He has not vomited yet and is tolerating the sips of fluids.

The nurse collects a past medical history for Pete. She finds out that he is healthy, up to date on all immunizations, has no allergies or chronic illnesses and does not take any medications daily. He has never been hospitalized or had any surgeries. He just started third grade and likes his teacher and has a lot of friends in his class.

What the Nurse is Thinking:

This is where the nurse's knowledge and past experiences with patients with similar symptoms will come into play. She knows that Pete is exhibiting common symptoms of Strep Throat. She knows that this infection is common in children but is not very common in adults. The nurse remembers that Strep Throat is caused by group A Streptococcus. This bacterium lives in a person's nose and throat without causing any symptoms. It is spread by contact with droplets after an infected person coughs, sneezes or talks. The nurse knows that a person can also get strep throat after touching an object or surface that has been infected with the streptococcus bacteria and then touching their eyes, nose or mouth. Eating or drinking from the same glass or utensils as a person with Strep is another way it is spread.

The triage nurse can develop a "working diagnosis", one which allows her to ask pertinent questions to choose the most appropriate protocol so she can get her patient to the right level of care at the right time.

Diagnosing strep throat is a simple procedure. The health care professional will swab the sick persons throat to see if there is group A strep bacteria in the throat. While this mother may be correct in her assumption that her son has Strep Throat, the only way to tell for sure is to have a strep test done.

If the rapid strep test is negative, but the doctor still suspects strep throat, a throat culture can be sent to the lab, this usually takes 48-72 hours to get any results.

Back to Pete.

It appears that although Pete is miserable, he is stable and can wait until tomorrow to be seen by his pediatrician. The nurse is sure to tell the mother to callback if his symptoms worsen, he is unable to swallow, his temperature is greater than 105, his throat pain is severe or he develops any new symptoms. Armed with a dose of Acetaminophen and other comfort measures for tonight, Pete's mom is relieved that she doesn't need to rush him to the Emergency Room tonight.