Pharmacy First: Acute Sore Throat

NICE NG84 (2018) | NHS England Pharmacy First PGDs 5a/5b/5c (Sept 2025, eff. 1 Oct 2025) | NICE NG12 (2015)

REFER NOW / 999: Red Flags (do not supply under PGD)

- ☐ 999: Epiglottitis -- severe throat pain, stridor, drooling, toxic appearance, cannot swallow. Do not examine throat.
- ☐ 999: Sepsis -- altered consciousness, very rapid breathing, cold clammy skin, extreme tachycardia.
- ☐ 999: Ludwig's angina -- floor of mouth swelling, drooling, submandibular tenderness.
- ☐ Urgent hospital: Quinsy (peritonsillar abscess) -- unilateral tonsillar swelling, uvular deviation, trismus, or muffled "hot potato" voice. Urgent ENT assessment required. Do not supply antibiotic under PGD.
- ☐ Urgent hospital: Diphtheria [7] -- grey-white throat membrane, foul smell, systemic illness, vaccination concern, or travel to endemic area. Notifiable. Call 999 if deteriorating or airway compromised.
- ☐ Same-day GP: Scarlet fever [6] -- sandpaper rash + strawberry tongue + sore throat. Notifiable disease. Refer urgently if dehydrated, fever persisting, or becoming very unwell.
- ☐ Glandular fever suspected -- refer to GP. Refer same-day if airway concern, inability to maintain oral fluid intake, abdominal pain, or jaundice. Avoid amoxicillin/ampicillin (widespread rash).
- ☐ 2WW referral: Suspected head/neck cancer [2] -- unexplained persistent hoarseness aged 45 or over, unexplained neck lump, unexplained oral ulceration >3 weeks, or unilateral tonsillar enlargement. Refer via 2-week wait (NICE NG12).
- ☐ Clozapine or carbimazole [9]: any sore throat with fever, mouth ulcers, or systemic illness requires urgent assessment -- agranulocytosis may present as sore throat. Febrile/unwell: A&E urgently. Stable: same-day GP for FBC. Do not supply antibiotic under PGD.
- ☐ Other agranulocytosis-risk medicines (e.g. methotrexate): GP urgently if systemic features, fever, mouth ulcers, or unusual severity.
- ☐ A&E urgently: Severely immunosuppressed with fever or systemic features (chemotherapy, transplant immunosuppression, bone marrow failure) -- risk of neutropenic sepsis. Do not supply under PGD.

DO NOT SUPPLY: PGD Exclusions

- ☐ Under 5 years | Symptoms >7 days | Recent throat surgery | CKD stage 4 or 5
- ☐ Antibiotic already given this episode and not improving -- refer to GP urgently
- ☐ Recurrent tonsillitis requiring secondary care review | Ketogenic diet (oral solution contains glucose)
- ☐ Severely immunosuppressed with systemic features -- A&E urgently | Any red flag present
- ☐ Supplies must be made in accordance with the current authorised Pharmacy First PGD in force at the time of consultation.

FeverPAIN Score: 1 point each -- record each criterion separately

Criterion	Score 1 if present	Score
F: Fever in past 24h	Fever present	+1
E: Purulence	Pus visible on tonsils	+1
V: Attend within 3 days	Onset within 3 days of attendance	+1
E: Severely inflamed tonsils	Tonsils severely inflamed	+1
R: No cough or coryza	No cough AND no runny nose	+1
Cough and coryza REDUCE the score -- their ABSENCE scores a point.		

Supply Decision by FeverPAIN Score [1, 3-5] (Pharmacy First PGD -- delayed/backup antibiotic NOT permitted, unlike NICE NG84)

Score	Strep probability	Action
0-1	13-18%	No antibiotic. Self-care + safety-netting.
2-3	34-40%	No antibiotic. Self-care + safety-netting. Return in 3-5 days if no improvement.
4-5 mild	~50%	No antibiotic. Self-care + safety-netting. Return in 3-5 days if no improvement.
4-5 severe	62-65%	Assess ALL PGD criteria -- supply antibiotic only if all met. Severe = marked difficulty swallowing, significant interference with eating/drinking, or clinically judged severe per PGD.

✓ SELF-CARE (all patients not receiving antibiotic)

- ☐ Paracetamol or ibuprofen for pain and fever (if appropriate) | Encourage adequate fluid intake | Rest
- ☐ Warm drinks, medicated lozenges or throat sprays for symptomatic relief
- ☐ Provide TARGET respiratory tract infection patient information leaflet [1]

✓ SUPPLY: Antibiotic Choices (FeverPAIN 4-5 severe, all PGD criteria met)

- ☐ Check PMR, current medicines, and allergy/pregnancy status before supply. Use BNF/BNFC at point of supply for current doses and interactions [8].
- ☐ Adults 18+: Phenoxymethylpenicillin 500mg QDS x 5 days [3] | Penicillin allergy: Clarithromycin 500mg BD x 5 days [4]
- ☐ Young people 12-17: Phenoxymethylpenicillin 500mg QDS x 5 days [3] | Penicillin allergy: Clarithromycin 500mg BD x 5 days under PGD 5b [4]
- ☐ Children 6-11: Phenoxymethylpenicillin 250mg QDS x 5 days [3] | Penicillin allergy: Clarithromycin oral solution 7.5mg/kg BD (max 250mg BD) x 5 days [8]
- ☐ Children 5 years: Phenoxymethylpenicillin 125mg QDS x 5 days [3] | Penicillin allergy: Clarithromycin oral solution 7.5mg/kg BD (max 250mg BD) x 5 days [8]
- ☐ Pregnant 16+ (penicillin allergy): Erythromycin 500mg QDS x 5 days under PGD 5c [5]. Confirm pregnancy status before supply.

Phenoxymethylpenicillin preferred over amoxicillin.

⚠ BEFORE CLARITHROMYCIN: PGD 5b safety checks [4]

- ☐ History of QT prolongation, ventricular arrhythmia, or significant heart disease -- refer to GP
- ☐ Electrolyte disturbance (hypokalaemia or hypomagnesaemia) | Severe hepatic impairment | CKD stage 4 or 5 | Myasthenia gravis -- refer to GP
- ☐ Currently taking oral typhoid vaccine -- advise patient (inactivates live vaccine)
- ☐ Interacting medicines (not exhaustive -- check BNF/PMR): simvastatin/lovastatin (rhabdomyolysis risk), colchicine, ticagrelor, oral midazolam, ranolazine, domperidone, hydroxychloroquine, chloroquine, ivabradine, dronedarone, lurasidone, ergot derivatives, or other QT-prolonging medicines.

If any above apply, do not supply clarithromycin. Refer to GP for alternative treatment.

Documentation, GP notification, and safety-netting: Record: all 5 FeverPAIN criteria + total + severity + decision + antibiotic details + allergy/pregnancy status confirmed + self-care given + TARGET RTI leaflet provided. GP notification: same day or next working day via Pharmacy First IT system. Safety-netting -- call 999 or attend A&E urgently if: breathing difficulty, stridor, drooling, severe dysphagia, trismus, rapidly worsening symptoms, or patient becomes very unwell. Attend A&E if unilateral neck swelling, tonsillar swelling, or uvular deviation develops after leaving pharmacy. Return to pharmacy or contact GP if: no improvement after 3-5 days (untreated) or symptoms worsen at any point before or after antibiotic course. Seek urgent help sooner if swallowing deteriorates or systemic illness develops. References: [1] NICE NG84 (2018) incl. TARGET leaflet. [2] NICE NG12 (2015). [3] NHS England PGD 5a phenoxymethylpenicillin v1.0 (Sept 2025). [4] NHS England PGD 5b clarithromycin v1.0 (Sept 2025). [5] NHS England PGD 5c erythromycin v1.0 (Sept 2025). [6] UKHSA scarlet fever guidance. [7] UKHSA diphtheria guidance. [8] BNFC online (bnfc.nice.org.uk, current version). [9] SPS: Clozapine monitoring in primary care (accessed 2025).