



Using FeverPAIN score in your practice - TARGET antibiotics summary 2016

FeverPAIN IS BEST PREDICTOR OF STREPTOCOCCUS A/C/G FROM 2 UK COHORTS:

- * **Fever last 24h**
- **Pus on tonsils**
- * **Attend rapidly (3 or less days)**
- * **severely Inflamed tonsils**
- **No cough or coryza (i.e. pharyngeal illness)**

* = univariate and multivariate in both cohorts

Little P, Moore M, Hobbs FD, et al. Primary care Streptococcal Management (PRISM) study. BMJ Open. 2013;3(10):e003943

You can use the [FeverPAIN](#) scoring system for sore throat from this link.

[PHE antibiotic guidance](#) suggests you use the FeverPAIN score to guide antibiotic use in acute sore throat:

- Score 0-1:** 13-18% streptococci, use NO antibiotic strategy;
- Score 2-3:** 34-40% streptococci, use 3 day back-up antibiotic;
- 4 or more:** 62-65% streptococci, use immediate antibiotic if severe, or 48hr short back-up prescription.

In a [UK study](#) the FeverPAIN score reduced antibiotic use by 29% (60/161, 37%) compared to a delayed antibiotic strategy (75/164, 46%), and the score was similar to using a Rapid Antigen Detection test for Group A streptococcus (58/164, 35%). Belief in antibiotics, and reconsultation were similar in the 3 groups.

The score was developed in a large cohort of UK General practice patients aged 5 years and over: As you can see 17% of patients with acute sore throat had a FeverPAIN score of 4 or over, and of these 62% had a Group A,C,or G streptococcus. In contrast 38% had a score of ≤ 1 and only 11-14% had streptococcus, which is similar to UK carriage rates.

FeverPAIN SCORE (FEVER, PUS, ATTEND RAPIDLY, INFLAMED, NO COUGH/CORYZA)

FeverPAIN score in cohort of 570 patients in UK general practice						
	0	1	2	3	4+	TOTAL
Number patients with Streptococcus (% PPV)	7 (11%)	21 (14%)	45 (30%)	40 (39%)	62 (62%)	175 (31%)
Total number patients with each score (% of total)	63 (11%)	155 (27%)	149 (26%)	103 (18%)	100 (17%)	570 (100%)

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