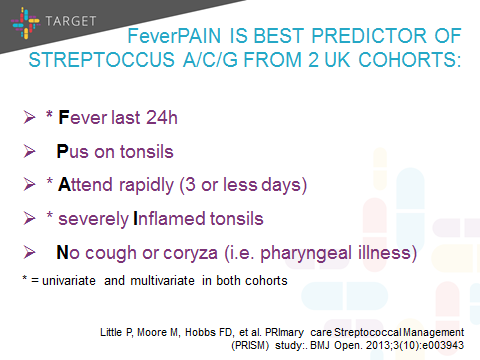


**Using FeverPAIN score in your practice – TARGET antibiotics summary 2016**



You can use the [FeverPAIN](https://ctu1.phc.ox.ac.uk/feverpain/index.php) scoring system for sore throat from this link.

[PHE antibiotic guidance](https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care) 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](http://www.bmj.com/content/bmj/347/bmj.f5806.full.pdf) 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.

