

Health Plan of Michigan Clinical Practice Guideline: Acute Pharyngitis in Children

The following guideline recommends assessment, diagnosis and treatment interventions for the management of acute pharyngitis in children and adolescents.

Eligible Population	Key Components	Recommendation and Level of Evidence			
Children 2 – 18 years of age	Assessment	Assess past history of rheumatic fever (especially carditis/vulvular disease) or household contact with a history of rheumatic fever to identify high-risk patients. Assess the likelihood of strep pharyngitis using the following items <ul style="list-style-type: none"> • Sudden onset • History of exposure • Sore throat • Fever • Patchy discrete exudate • Presentation in winter or early spring • Headache • Nausea, vomiting and abdominal pain • Inflammation of pharynx and tonsils • Tender anterior cervical nodes • Patient aged 5-15 years 			
	Not high-risk	Diagnosis	<u>Probability of GABHS</u> Low	<u>Testing</u> None	<u>Treatment</u> Symptomatic treatment only. Avoid antibiotics.
			Intermediate or High	Throat Culture OR	If TC Positive use Antibiotics If TC Negative use Symptomatic treatment only. Avoid antibiotics. If Treatment is started and culture result is negative, stop antibiotics.
		Rapid Screen		If Rapid Screen Positive use Antibiotics If Rapid Screen Negative, culture ¹ and only use antibiotic if throat culture is positive.	
High-risk (history of rheumatic fever or household contact)		Start antibiotics immediately. If throat culture is obtained and is negative, stop antibiotics.			
	Treatment	<u>Preferred Treatment for Strep Pharyngitis:</u> <ol style="list-style-type: none"> 1. Penicillin VK: 250-500 mg bid-tid x 10 days 2. Amoxicillin: 20-40 mg/kg/day divided tid x 10 days [A] 3. Benzathine Penicillin G IM x 1: 600,000 units for weight <60 lbs; 1.2 million units for weight > 60 lbs. 4. If Penicillin allergic: Erythromycin Ehtyl Succinate (EES): 40 mg/kg/day bid-qid (max 1 gm/day) x 10 days 5. With oral antibiotics, a full 10 day course is required <u>Alternative Treatment for Strep Pharyngitis:</u> <ol style="list-style-type: none"> 6. Cephalixin 15-50 mg/kg/day divided bid or tid x 10 days 			
	Re-evaluate/referral	<ol style="list-style-type: none"> 1. If failure to respond clinically after 48 hours of treatment, rule out peritonsillar or retropharyngeal abscess. If present, prompt ENT evaluation is recommended. 2. Assess the potential for a compliance problem. 			

¹Culture optional for age 16 and over

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including, the ICSI Acute Pharyngitis Guideline, Institute for Clinical Systems Improvement, 2005 (www.icsi.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.