

## 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 or valvular 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"> <li>◆ Sudden onset</li> <li>◆ Sore throat</li> <li>◆ Fever</li> <li>◆ Patchy discrete exudate</li> <li>◆ Headache</li> <li>◆ Nausea, vomiting and abdominal pain</li> <li>◆ Inflammation of pharynx and tonsils</li> <li>◆ Tender, enlarged anterior cervical nodes</li> <li>◆ Patient aged 5 - 15 years</li> <li>◆ Presentation in winter or early spring</li> <li>◆ History of exposure</li> </ul>		
Not high-risk	Diagnosis	<b>Probability of GABHS</b>	<b>Testing</b>	<b>Treatment</b>
		Low	None	Symptomatic treatment only. <b>Avoid antibiotics.</b>
		Intermediate or High	Throat Culture  <b>OR</b>  Rapid Screen	If TC is positive, use antibiotics. If TC is negative, use symptomatic treatment only. <b>Avoid antibiotics.</b> If treatment is started and culture result is negative, stop antibiotics.  If Rapid Screen is positive, use antibiotics. If Rapid Screen is negative, culture <sup>1</sup> and only use antibiotics 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	<b>Preferred Treatment for Strep Pharyngitis:</b> <ol style="list-style-type: none"> <li>1) Penicillin VK: 250-500 mg bid-tid x 10 Days</li> <li>2) Amoxicillin: 20-40 mg/kg/day divided tid x 10 Days <b>[A]</b></li> <li>3) Benzathine penicillin G IM x1: 600,000 units for weight &lt; 60 lbs; 1.2 million units for weight &gt; 60 lbs</li> <li>4) If allergic to penicillin: erythromycin ethyl succinate: 40 mg/kg/day bid-qid (max 1 gm/day) x 10 days</li> <li>5) With oral antibiotics, a full 10 day course is required</li> </ol> <b>Alternative Treatment for Strep Pharyngitis:</b> <ol style="list-style-type: none"> <li>6) Cephalexin 15-50 mg/kg/day divided bid or tid x 10 Days</li> </ol>		
	Re-evaluate/referral	<ol style="list-style-type: none"> <li>1) If failure to respond clinically after 48 hours of treatment, rule out peritonsillar or retropharyngeal abscess. If present, prompt ENT evaluation is recommended.</li> <li>2) Assess the potential for a compliance problem.</li> </ol>		

<sup>1</sup> Culture 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](http://www.icsi.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.