

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													
<b>Children 2-18 years old with suspected GABHS pharyngitis</b>	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 by looking for the following: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">♦ Sudden onset</td> <td style="width: 33%;">♦ Headache</td> <td style="width: 33%;">♦ Patient 5-15 years old</td> </tr> <tr> <td>♦ Sore throat</td> <td>♦ Nausea, vomiting and abdominal pain</td> <td>♦ Presentation in winter or early spring</td> </tr> <tr> <td>♦ Fever</td> <td>♦ Inflammation of pharynx and tonsils</td> <td>♦ History of exposure</td> </tr> <tr> <td>♦ Patchy discrete exudate</td> <td>♦ Tender, enlarged anterior cervical nodes</td> <td>♦ No cough</td> </tr> </table>		♦ Sudden onset	♦ Headache	♦ Patient 5-15 years old	♦ Sore throat	♦ Nausea, vomiting and abdominal pain	♦ Presentation in winter or early spring	♦ Fever	♦ Inflammation of pharynx and tonsils	♦ History of exposure	♦ Patchy discrete exudate	♦ Tender, enlarged anterior cervical nodes	♦ No cough
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Not high-risk for rheumatic fever	Diagnosis	<u><b>Testing (intermediate or high probability of GABHS):</b></u> Throat culture  Or  Rapid screen	<u><b>Treatment:</b></u>  ♦ If throat culture is positive, use antibiotics. ♦ If throat culture is negative, use symptomatic treatment only. <b>Avoid antibiotics.</b>  ♦ 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 for rheumatic fever or household contact with history of rheumatic fever or confirmed strep		Start antibiotics immediately. Obtain throat culture. If negative, stop antibiotics.													
	Treatment	♦ See <a href="http://www.med.umich.edu/1info/FHP/practiceguides/pharyngitis/pharyn.pdf">www.med.umich.edu/1info/FHP/practiceguides/pharyngitis/pharyn.pdf</a> for detailed drug and dosing recommendations. <u><b>Preferred Treatment for Strep Pharyngitis:</b></u> 1) Penicillin VK: 250-500 mg bid-tid x 10 days 2) Amoxicillin: 40 mg/kg/d divided bid-tid x 10 days [A] or 750 mg daily x 10 days if compliance is a concern 3) Benzathine penicillin G IM x1 4) If allergic to penicillin: erythromycin ethyl succinate: 40 mg/kg/day bid-qid (max 1 gm/day) x 10 days or azithromycin 5) With oral antibiotics, a full 10-day course is required (exception: azithromycin). <u><b>Alternative Treatment for Strep Pharyngitis:</b></u> 6) Cephalexin													
	Re-evaluation, referral	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.													

<sup>1</sup> Culture optional for age 16 and older

**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 Diagnosis and Treatment of Respiratory Illness in Children and Adults Guideline, Institute for Clinical Systems Improvement, 2008 ([www.icsi.org](http://www.icsi.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.