Sore throat or pain with swallowing

Is the patient toxic appearing, have airway compromise or respiratory distress?
- **YES**
- **NO**

Consider these diagnoses:
- Epiglottitis
- Retropharyngeal abscess
- Peritonsillar abscess
- Foreign body
- Croup
- Diphtheria

Manage off pathway

Does the patient have signs & symptoms suggestive of Group A Streptococcus Pharyngitis (GAS)?

- **Associated features in history suggestive of GAS pharyngitis:**
  - Sudden onset of sore throat
  - Age 5-15 years (GAS pharyngitis peaks at age 7-8)
  - Fever
  - Headache
  - Nausea, Vomiting, Abdominal Pain
  - Winter and early spring presentation
  - Household or close contact exposure to documented GAS pharyngitis

- **Associated features in physical exam suggestive of GAS pharyngitis in the absence of other signs of URI:**
  - Tonsillopharyngeal erythema (± exudate)
  - Patchy tonsillopharyngeal exudates
  - Tender cervical lymphadenopathy
  - Uvular edema
  - Palatine petechiae
  - Scarlatiniform rash

- **Associated features not suggestive of GAS pharyngitis:**
  - Absence of fever
  - Rhinorrhea
  - Conjunctivitis
  - Cough
  - Hoarseness
  - Stomatitis
  - Viral exanthem
  - Diarrhea

- **YES**
- **NO**

Pharyngitis

Evaluate any issues with treatment adherence

Has the patient been treated for GAS pharyngitis in the past 4 weeks?
- **YES**
- **NO**

Rapid GAS antigen detection *(Refer to policy PC 37 for specimen collection procedure)*

- **Positive**
- **Negative**

Throat culture

Antimicrobial therapy:

- **Amoxicillin**: 50 mg/kg/dose (max: 1000-1200 mg 3x/day) PO once daily x 10 days
  - If concurrent Otitis Media consider high dose Amoxicillin: 90 mg/kg/day divided PO BID x 10 days
- **Penicillin V** (<27 kg): 250 mg PO 2-3 times/day x 10 days
  - (≥ 27 kg): 500 mg PO BID x 10 days
  - or 250 mg PO QID x 10 days
- **Benzathine Penicillin G (Bicillin LA)** (<27 kg): ≥800,000 units IM once
  - (≥ 27 kg): 1.2 million units IM once
  - (may substitute CR Bicillin 900,000 units/300,000 units IM once for most children, but the efficacy for heavier patients has not been demonstrated)
- **Penicillin allergy-non-anaphylactic**
  - Cephalexin: Adult: 500 mg PO BID x 10 days
  - Child: 50-80 mg/kg/day divided PO BID x 10 days
- **Penicillin allergy-anaphylactic**
  - Clindamycin: 90 mg/kg/day (max 900 mg/day) divided PO TID x 10 days
  - Azithromycin: Adult: 500 mg PO every day x 5 days
  - Child 12 mg/kg/day PO every day x 5 days

**Notes about Antibiotics**

Be aware of increasing macrolide resistance (up to 20%) in GAS infections. The use of the narrowest spectrum penicillin and cephalosporin, such as cephalexin, decreases the risk of antibiotic associated diarrhea such as *C. difficile* infections and the risk of antibiotic resistance.

**Key Points:**

- Recovery of GAS from the pharynx (by rapid test or culture) does not distinguish individuals with true streptococcal infection from streptococcal carriers who have an intercurrent viral pharyngitis.
- GAS pharyngitis is rare in children <3 years of age
- 25% of healthy asymptomatic children have (+) throat culture for GAS during school outbreaks of pharyngitis (non-GAS).

Additional instructions:

For children that test positive for GAS, child must be on antibiotics for ≥24 hours and be fever free before returning to daycare or school.

**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances.

Updated 9/20/16