**PHARYNGITIS PATHWAY**

Sore throat or pain with swallowing

- **Is the patient toxic appearing, have airway compromise or respiratory distress?**
  - **Yes**
    - Consider these diagnoses:
      - Epiglottitis
      - Retropharyngeal abscess
      - Foreign body
      - Croup
      - Diphtheria
    - Manage off Pathway
  - **No**

- **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 (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 not suggestive of GAS pharyngitis:**
    - Absence of fever
    - Rhinorrhea
    - Conjunctivitis
    - Cough
    - Hoarseness
    - Stomatitis
    - Viral exanthem
    - Diarrhea
  - **Yes**
    - **Has the patient been treated for GAS pharyngitis in past 4 weeks?**
      - **Yes**
        - Evaluate any issues with treatment adherence. Complete throat culture.
        - What were results of throat culture?
      - **No**
        - Complete Rapid GAS antigen detection. (Refer to policy PC37 for specimen collection procedure)
        - What were results of Rapid GAS antigen Test or PCR test?
  - **No**
    - Consider alternative diagnosis to GAS, including viral etiologies of pharyngitis or if patient is sexually active, gonococcal or chlamydia pharyngitis

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 judgement and taking into account individual patient and family circumstances.

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Updated 05/2022
What were results of throat culture?

- Negative results
  - Provide supportive care to patient.
- Positive for GAS
  - Antimicrobial therapy:
    - **Amoxicillin**: 50mg/kg/dose (max 1000-1200mg/day) PO once daily x 10 days
      - If concurrent Otitis Media consider high dose Amoxicillin: 90mg/kg/day (max 2,000 mg/day) divided PO BID x 10 days
    - **Penicillin V**: (< 27kg) 250mg PO 2-3 times/day x10 days
      - (≥ 27kg) 500mg PO BID x10 days
      - OR
        - 250mg PO QID x10 days
    - **Benzathine Penicillin G (Bicillin LA)**: (< 27kg) 600,000 units IM once
      - (≥ 27kg) 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: Child 30-50mg/kg/day divided PO BID x 10 days
      - Adult 500mg PO BID x10 days (max dosing)
    - **Penicillin allergy – anaphylactic**:
      - Clindamycin: 30mg/kg/day (max 900mg/day) divided PO TID x 10 days
      - Azithromycin: Child 12mg/day PO daily x 5 days
      - Adult 500mg PO daily x 5 days (max dosing)

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 and unlikely in children with additional URI symptoms (Runny nose, cough, etc.)
- As 25% of healthy asymptomatic children have (+) throat culture for GAS during school outbreaks of pharyngitis (non-GAS).1

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.