



**Pharyngitis EBG Algorithm © Tiffany Rudloe MD, Umbereen Nehal MD, MPH,
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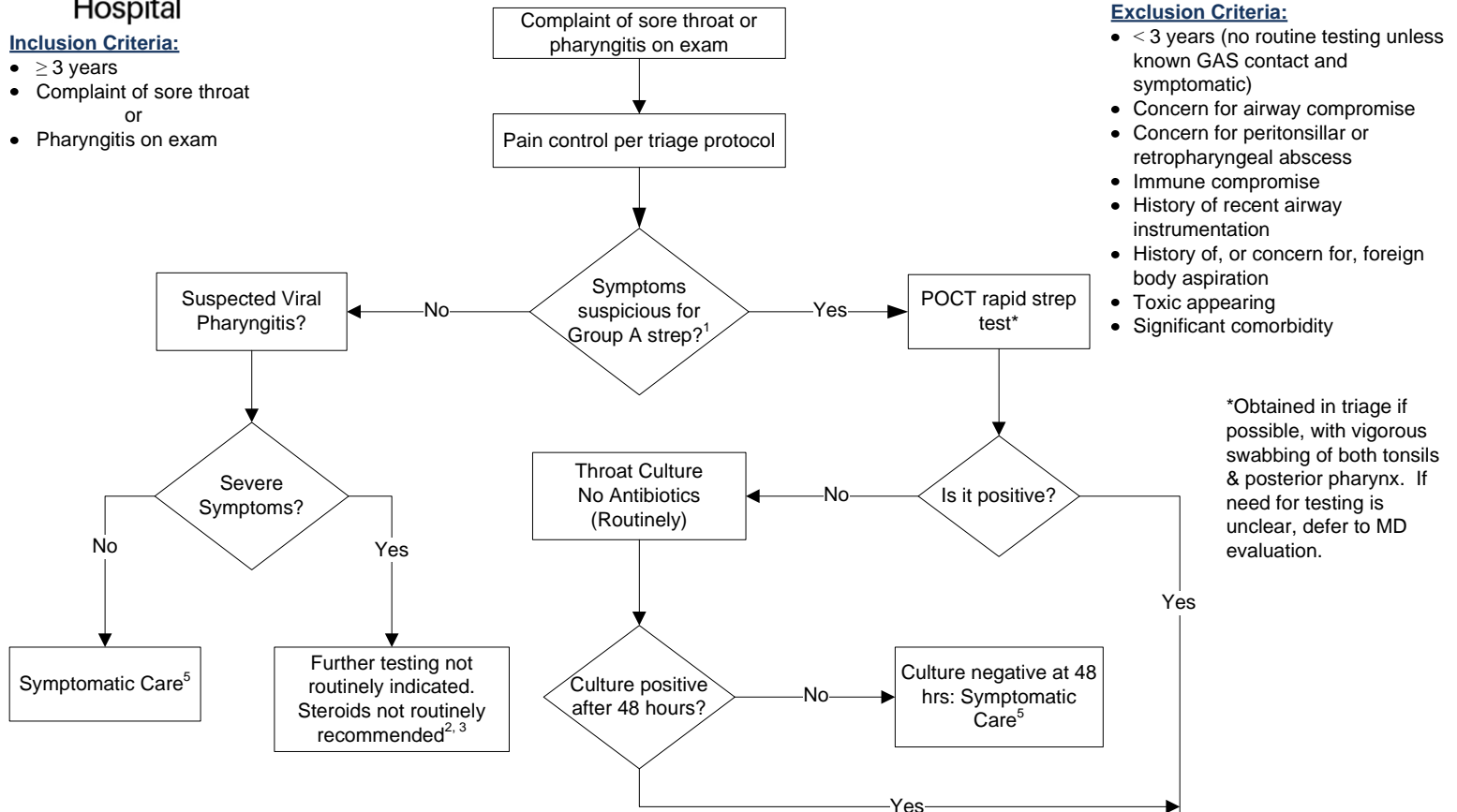
**Boston Children's
Hospital**

Inclusion Criteria:

- ≥ 3 years
- Complaint of sore throat
or
- Pharyngitis on exam

Exclusion Criteria:

- < 3 years (no routine testing unless known GAS contact and symptomatic)
- Concern for airway compromise
- Concern for peritonsillar or retropharyngeal abscess
- Immune compromise
- History of recent airway instrumentation
- History of, or concern for, foreign body aspiration
- Toxic appearing
- Significant comorbidity



1. TEST FOR GAS – sore throat/pharyngitis and one or more of the following:

- Fever
- Tonsillar erythema +/- exudate
- Palatal petechiae
- Tender anterior cervical lymphadenopathy
- Scarletiform rash
OR
- In the absence of the above findings consider with fever, and of the following: headache, nausea/vomiting, abdominal pain

DO NOT ROUTINELY TEST FOR GAS – sore throat/pharyngitis and one or more of the following:

- Conjunctivitis
- Cough
- Coryza
- Hoarse voice
- Stomatitis
- Viral exanthem
- Diarrhea
- No testing for asymptomatic household contacts

2. Symptomatic Care

- Acetaminophen
- Ibuprofen
- PO fluids
- Corticosteroids are not routinely indicated
- If GAS+, return to school/daycare after 24 hrs of antibiotics

3. Additional Testing/ Treatment

- Monospot often negative in 1st week of illness
- Only consider testing for EBV after 5 days of symptoms
- EBV titers not routinely recommended
- Consider GC/chlamydia testing in sexually active adolescents with exudative pharyngitis
- Steroids not routinely recommended, however one dose of Dexamethasone 0.6 mg/kg (max dose of 10 mg) may be considered for severe symptoms

4. Treatment of multiple or recurrent episodes of GAS pharyngitis:

- Clindamycin 20-30 mg/kg/day in 3 divided doses x 10 days (600 mg/dose for a max) **OR**
- Amoxicillin-clavulanic acid (dosed as Amoxicillin) acid 40 mg/kg/day in 3 divided doses x 10 days (500 mg/dose for a max) **OR**
- Penicillin G (same dosing) IM x 1 dose

5. Discharge Criteria and instructions

- Able to tolerate fluids PO
- Parental education
- Anticipated course of illness

Amoxicillin
50 mg/kg/day (max of 1 gram) daily x 10 days
Or
20 mg/kg BID (max 500 mg/dose x 10 days
Penicillin V
< 27 kg 250 mg BID x 10 days
≥ 27 kg 500 mg BID x 10 days
Penicillin G
< 27 kg 600,000 Units IM x 1
≥ 27 kg 1.2 million Units IM x 1
Symptomatic care⁵

Azithromycin
12 mg/kg/day x 5 days (max of 500 mg/dose)
Or
Cephalexin**
20 mg/kg/dose (max 500 mg/dose) BID x 10 days
Or
Clindamycin
7 mg/kg/dose TID x 10 days (max of 300 mg/dose)
Symptomatic care⁵

**Not indicated if history of type I hypersensitivity reaction to penicillins

NOTE: The medication dosing contained within these guidelines is provided for reference only. Please refer to your institutional formulary or ordering guidelines when placing orders for clinical care of patients.