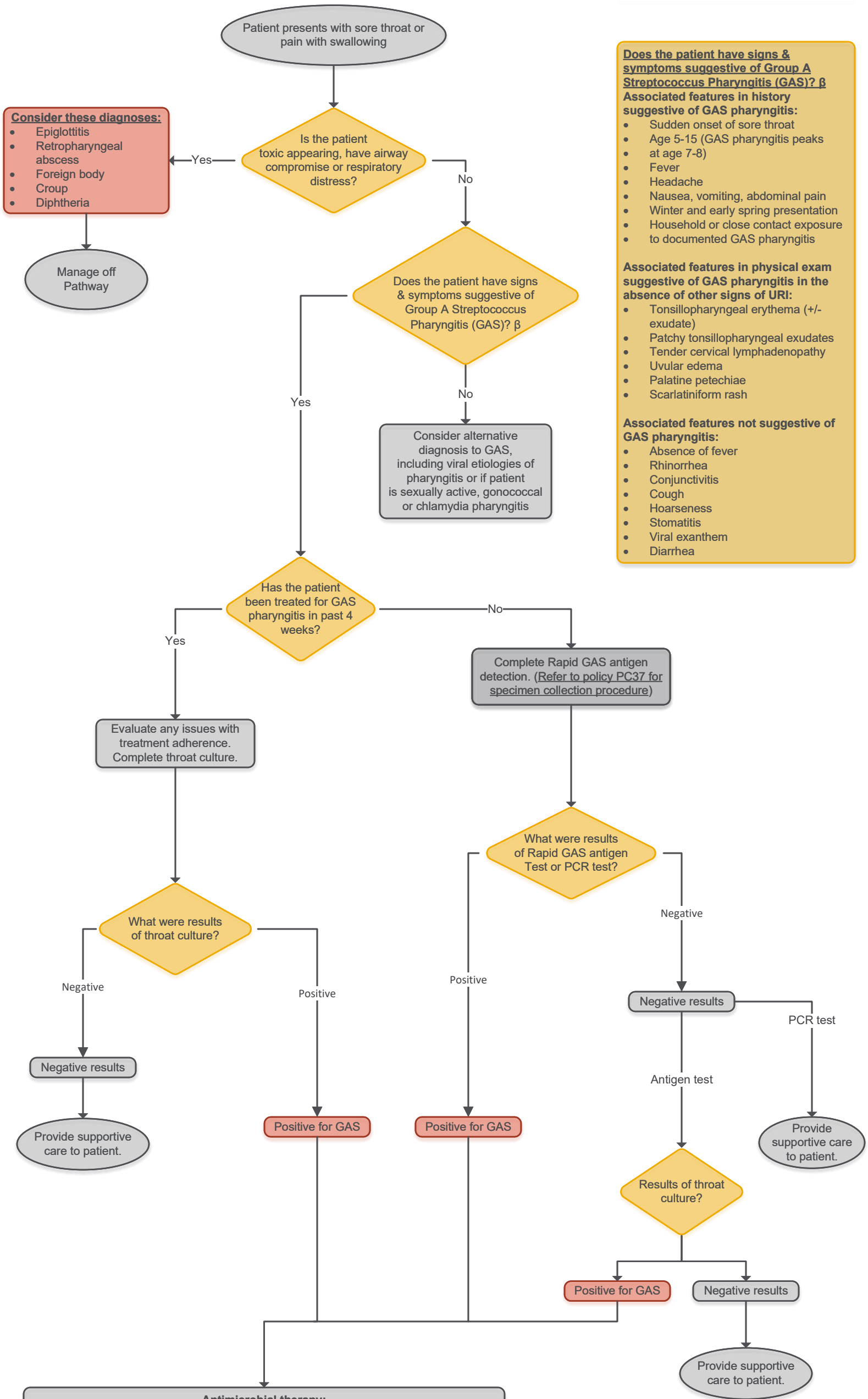
PHARYNGITIS PATHWAY

Children's NEBRASKA



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

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 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

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 x10 days

OR

Penicillin V: (< 27kg) 250mg PO 2-3 times/day x10 days
(≥ 27kg) 500mg PO BID x10 days
OR
250mg PO QID x10 days

OR

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 Fact Document

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)

Notes about antibiotics:

- GAS is 100% susceptible to penicillin/amoxicillin[1]
- Be aware of increasing macrolide resistance (up to 20%) in GAS infections
- The use of the narrowest spectrum penicillin and cephalosporins, such as cephalexin, decreases the risk of antibiotic associated diarrhea such as *C. difficile* infections and the risk of antibiotic resistance

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.

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[1,2]
- 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].

CLINICAL EFFECTIVENESS

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.

ChildrensNebraska.org/Pathways

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