

SORE THROAT- ACUTE MANAGEMENT

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

NSW Ministry of Health Guideline

Infants and Children: Acute Management of Sore Throat

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2014_021

- The above linked document is a clinical guideline developed by Ministry of Health.
- The document represents basic clinical practice guidelines for the acute management of a sore throat.
- A scoring system can be used to assess the risk of Group A Streptococcus infection.

SCHN Contacts: Head of Emergency Department at CHW or SCH

- This document is intended as a brief summary of the management of the child presenting with a sore throat. If more information is required the NSW MOH “Infants and Children Acute Management of Sore Throat” or the senior doctor on duty in the ED should be consulted.
- Sore throat is a common complaint in infants and children. It is more common during winter months. It is usually the result of viral pharyngitis or tonsillitis or, less commonly, bacterial infection.⁽¹⁾ Streptococcal infections are one of the common causes of bacterial tonsillitis/pharyngitis and may be associated with serious complications including scarlet fever, toxic shock syndrome, acute glomerulonephritis and acute rheumatic fever. ⁽¹⁾
- Aboriginal and Torres Strait Islander people have one of the highest incidences of rheumatic fever and acute glomerulonephritis in the world. ⁽¹⁾
- A number of other serious causes need to be considered in children presenting with sore throat including peritonsillar abscess; retropharyngeal abscess; foreign body; epiglottitis; toxic ingestion; diphtheria.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2020	Review Period: 5 years
Team Leader:	Staff Specialists (CHW & SCH)	Area/Dept: Emergency Department

CHANGE SUMMARY

- SCHN coversheet due for mandatory review. MoH Guideline remains unchanged.
- Joint ED document created.
- Addition of Azithromycin as alternative therapy.

READ ACKNOWLEDGEMENT

- All clinical staff in SCHN Emergency Departments should read and acknowledge they understand the contents of the Guideline.

Sore Throat

Sore throat is usually due to an infection, usually viral, however a number of serious conditions need to be considered - for example, epiglottitis, peritonsillar abscess, retropharyngeal abscess, foreign body, rarely diphtheria or leukaemia.

Features suggesting the more serious conditions are stridor, muffled voice, drooling, torticollis, asymmetric pharyngeal swelling, a grey-white pharyngo-tonsillar membrane, bruising or a toxic appearance.

If the above features are present discuss the case with senior ED and ENT staff as required.

Bacterial pharyngitis

- Clinical features more suggestive of Group A streptococcal bacterial pharyngitis are:
- Age over 4 years, tonsillar enlargement with purulent exudate, tender cervical lymphadenopathy, scarletiform rash and absence of other respiratory symptoms such as clear rhinorrhoea, hoarseness and cough.
- Gonococcus may be a pathogen in the sexually active adolescent, but in younger ages is suggestive of sexual abuse.

If streptococcal pharyngitis is likely, commence treatment with phenoxymethylpenicillin (Refer to [Therapeutic Guidelines](#)). A throat swab may be useful to support antibiotic therapy.

Patients with hypersensitivity to penicillin (non-immediate or non-severe), commence treatment with cephalexin (Refer to [Therapeutic Guidelines](#)).

In immediate hypersensitivity a non beta-lactam antimicrobial should be used. Commence treatment with azithromycin (refer to [Therapeutic Guidelines](#)).

Do not use amoxicillin for streptococcal pharyngitis and tonsillitis. Amoxicillin exposes the patient to unnecessary broader-spectrum treatment and can cause a rash if the patient has undiagnosed Epstein-Barr Virus (EBV) infection.

Viral pharyngitis/stomatitis

- A wide variety of viruses cause pharyngitis, usually as part of a generalised upper respiratory infection.
- EBV causes a diffuse smooth red pharynx with white exudate. There may be associated petechiae on the soft palate, periorbital oedema, generalised lymphadenopathy and hepatosplenomegaly.
- Coxsackie causes small ulcers on the uvula, soft palate and tonsils.
- Herpes causes larger ulcers throughout the mouth with inflammation of the gums and buccal mucosa.
- Adenovirus pharyngitis may cause an associated follicular conjunctivitis.
- Viral cultures are rarely helpful. A bacterial throat swab for *Strep pyogenes* may be worthwhile in doubtful cases.
- Treatment with topical anaesthetic such as xylocaine viscous often helps the discomfort and improve fluid intake with ulcerative stomatitis. The diet should be soft and bland. Antiviral treatment is not indicated.
- **Do not prescribe antibiotics for viral pharyngitis / tonsillitis.**

Uvulitis

Uvulitis is generally a streptococcal infection, but may also be caused by Hib and pneumococcus. It is associated with epiglottitis with risk of airway obstruction.

Complications

- **Peritonsillar abscess.** Suggested by an increasingly sore throat with dysphagia and trismus. The tonsils and uvula are displaced to the opposite side. Surgical drainage is necessary.
- **Obstructive apnoea.** The obstruction is evident by stertorous and laboured breathing and apnoea, usually worse when the child is asleep.
- **Post-Strep Nephritis.** Occurs 2-3 weeks after a streptococcal infection. Evident by haematuria, oedema, lethargy and headache(hypertension).

Admission

Hospital admission is indicated for children with:

- Potential for airway obstruction,
- inability to tolerate oral fluids,
- Complications such as obstructive apnoea or peritonsillar abscess.

Related Documents

- NSW Ministry of Health Guideline GL2014_021 “Infants and Children Acute Management of Sore Throats third edition “
http://www0.health.nsw.gov.au/policies/ql/2014/pdf/GL2014_021.pdf
- Empiric Antibiotic Guidelines- SCH
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2012-7004.pdf>

Reference

1. eTG complete; Therapeutic Guidelines
https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=sore-throat&guidelineName=Antibiotic#toc_d1e379 (date accessed 09/06/2020).

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