

evidence based guidelines

STREPTOCOCCAL PHARYNGITIS

Assessment

Consider other causes of sore throat

- Viral upper respiratory infection (~80% of acute pharyngitis cases)
 - Consider **NOT TESTING** for strep when a viral cause is **highly likely** (presence of rhinorrhea, conjunctivitis, cough, hoarseness, discrete ulcerative lesions or vesicles, diarrhea, etc.)
- Infectious mononucleosis (can co-exist with Group A Streptococcus)
- Peritonsillar or retropharyngeal abscess

Group A Streptococcal Pharyngitis is **more likely** when the following are present:

- Exposure to Group A Strep
- Fever > 38°C (100.4°F)
- Sudden onset sore throat
- Tonsillar or pharyngeal edema, exudates, or palatal petechiae
- Tender enlarged cervical nodes
- Scarlatiniform rash

Treat with antibiotics **only after a positive test**

- Rapid antigen detection test
- Throat culture

Treatment

Pediatric

- Penicillin V (oral) twice daily x 10 days using 250mg if <27kg and 500mg if ≥ 27kg
- Amoxicillin 50mg/kg (max 1000mg) daily x 10 days
- Benzathine Penicillin (IM) once using 600,000 units if <27kg and 1,200,000 units if ≥ 27kg

If PCN allergic (mild):

- Cephalexin 20mg/kg (max 500mg) twice daily x 10 days
- Cefdinir 7mg/kg (max 300mg) twice daily x **5 days**

If PCN allergic (anaphylaxis):

- Clindamycin 7mg/kg (max 300mg) three times daily x 10 days
- Azithromycin 12mg/kg (max 500mg) on day 1 then 6mg/kg (max 250mg) on days 2-5

Adult

- Penicillin V (oral) 500mg twice daily x 10 days
- Amoxicillin 1000mg daily (or 500mg twice daily) x 10 days
- Benzathine Penicillin (IM) 1,200,000 units once

If PCN allergic (mild):

- Cephalexin 500mg twice daily x 10 days
- Cefdinir 300mg twice daily x **5 days**

If PCN allergic (anaphylaxis):

- Clindamycin 300mg three times daily x 10 days
- Azithromycin 500mg on day 1 then 250mg on days 2-5

Re-evaluate if symptoms worsen or if there is no improvement after 24-48 hours of treatment.