Sore Throat Pathway

Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Priorities of Clinical Assessment

Febrile child under 5 years of age – Assess and manage as per Fever Paediatric Pathway

Most sore throats are caused by viral infections and will resolve without antibiotics

History

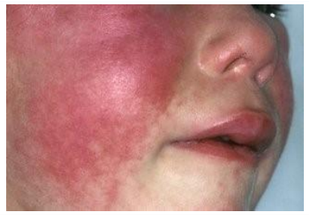
- Fever
- Viral features – cough, coryza, ulcers
- Assess oral intake
- High risk group, e.g. immunosuppressed

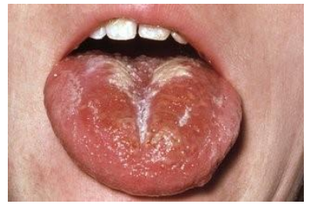
Red Flags

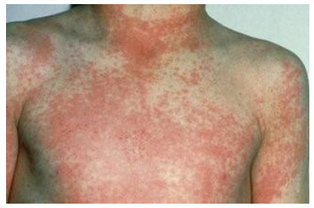
- Unwell/septic appearance
- Stridor
- Respiratory distress
- Trismus (restricted mouth opening)
- Drooling
- Muffled voice
- Torticollis (head tilted to one side)

Examination

- Assess for fever
- Hydration status
- Enlarged erythematous tonsils
- Oral ulcers
- Tonsillar exudate
- Tender anterior cervical lymphadenopathy
- Hepatosplenomegaly
- Features of Scarlet fever (group A strep) (see pictures)







See Scarlet Fever

Investigation

- Generally none required
- If high suspicion of scarlet fever consider swab

If systematically unwell consider sepsis and investigate as appropriate

Management

- Simple analgesia - paracetamol, ibuprofen, difflam (see BNFc)
- Maintain hydration
- Provide written and verbal advice, see our page on Sore throat

Antibiotics

When to use Antibiotics:

- Systemically very unwell or high risk of complications: immediate antibiotics
- < 3 years, no validated clinical scoring tool for this age, use clinical judgement
  - See Fever Paediatric Pathway
- If ≥ 3 years old consider use of clinical scoring tool e.g. FeverPAIN, or CENTOR McIsaac (modified Centor)

- ≥3 years use FeverPAIN to assess symptoms:
  - FeverPAIN 0-1: no antibiotic
  - FeverPAIN 2-3: no or back-up antibiotic
  - FeverPAIN 4-5: immediate or back-up antibiotic

FeverPAIN criteria (score 1 for each)

- **F**ever (during previous 24 hours)
- **P**urulence (pus on tonsils)
- **A**ttend rapidly (within 3 days after onset of symptoms)
- Severely **I**nflamed tonsils
- **N**o cough or coryza (inflammation of mucus membranes in the nose)

Antibiotics shorten symptoms by 16 hours over 7 days

What Antibiotics to use (NICE NG84)**:**

- Penicillin 5 days to 10 days or Amoxicillin for 5 to 10 days

5 days enough for symptomatic cure but 10 days increases chance of microbiological cure. Give 10 days for recurrence/relapse within 2 weeks.

Penicillin V suspension is often unpalatable, consider using tablets where possible, or change to amoxicillin suspension if not tolerated

- Clarithromycin for 5 days if penicillin allergy

Solid oral dosage form antibiotics in children

Send to hospital if:

- Any red flag features (see above and Fever pathway)
- Systemically unwell /concerns re; sepsis
- Airway compromise
- Moderate/severe dehydration
- Significant pain not adequately managed with optimal simple analgesia
- High risk groups e.g. immunocompromised (due to patient's condition or immunosuppressant medication)
- Peri-tonsillar abscess (Quinsy)

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups