

# Acute Sore Throat Pathway

## Suspected tonsillitis

- Swollen tonsils
- Pus on tonsils
- Enlarged anterior cervical glands
- Fever

## Suspected glandular fever

- Severe tonsillitis
- Palatal petechiae
- Enlarged posterior cervical glands
- Splenomegaly (50%)



Bloods: FBC, UE, LFT, Monospot

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

YES

NO

## Suspected peritonsillar abscess?

- Unilateral sore throat
- 'Hot potato' voice
- Trismus (mouth opens <3cm)

## Suspected epiglottitis?

- Abrupt onset severe sore throat
- Droling
- Stridor
- Muffled or hoarse voice

	Green – Low Risk	Amber – Intermediate Risk	Red – High Risk
<b>Activity</b>	<ul style="list-style-type: none"> <li>Responds normally to social cues</li> <li>Content/smiles</li> <li>Stays awake/awakens quickly</li> <li>Strong normal cry</li> </ul>	<ul style="list-style-type: none"> <li>Altered response to social cues</li> <li>No smile</li> <li>Reduced activity</li> </ul>	<ul style="list-style-type: none"> <li>Not responding normally or no response to social cues</li> <li>Unable to rouse or if roused does not stay awake</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Normal skin colour</li> <li>CRT &lt;2 secs</li> <li>Normal skin turgor</li> <li>Warm extremities</li> <li>Normal eyes</li> </ul>	<ul style="list-style-type: none"> <li>Normal skin colour</li> <li>Pallor reported by parent/carer</li> <li>Cool peripheries</li> </ul>	<ul style="list-style-type: none"> <li>Pale, mottled, ashen</li> <li>Cold extremities</li> <li>CRT &gt;3 secs</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>No respiratory distress</li> </ul>	<ul style="list-style-type: none"> <li>Tachypnoea</li> <li>Moderate recessions</li> <li>May have nasal flaring</li> <li>O<sub>2</sub> Sats: 92-94%</li> </ul>	<ul style="list-style-type: none"> <li>Significant respiratory distress</li> <li>Grunting</li> <li>Apnoeas</li> <li>Severe recessions</li> <li>Nasal flaring</li> <li>All ages: &gt;60mlb</li> <li>O<sub>2</sub> Sats: ≤ 92%</li> </ul>
<b>Circulation</b>	<ul style="list-style-type: none"> <li>Tolerating 75% of fluid</li> <li>Occasional cough induced vomiting</li> <li>Moist mucous membranes</li> </ul>	<ul style="list-style-type: none"> <li>50-75% fluid intake over 3-4 feeds</li> <li>Cough induced vomiting</li> <li>Reduced urine output</li> </ul>	<ul style="list-style-type: none"> <li>50% or less fluid intake over 2-3 feeds</li> <li>Cough induced vomiting frequently</li> <li>Significantly reduced urine output</li> </ul>
		<ul style="list-style-type: none"> <li>Parental anxiety</li> </ul>	

## Bacterial infection?

Less likely

- T >38°C
- Tonsillar swelling or exudate
- Tender anterior cervical lymphadenopathy
- No cough

More likely

Discuss with paediatrician oncall;

- Systemically unwell
- Severe complications

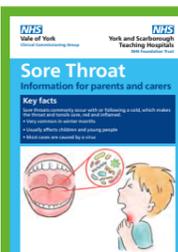
Do not offer an antibiotic

- Back-up antibiotic
- Use if not improved in 3d or worsens

- Immediate antibiotics
- Give 5-10d course

## RED ACTION

- Refer immediately to emergency care or paediatric unit – consider 999
- Commence stabilisation treatment
- Consider high flow oxygen



- Provide information
- Seek advice if not improved within 3d or worsens

Drug	Age/weight	Dose	
Phenoxymethylpenicillin	1-11m	125 mg BD	
	1-5y	250 mg BD	
	6-11y	500 mg BD	
	12-17y	1000mg BD	
<b>Alternative first choice for penicillin allergy</b>			
Clarithromycin	1m-11y	<8kg: 7.5mg/kg BD	20-29kg: 187.5mg BD
		8-11kg: 62.5 mg BD	30-40kg: 250mg BD
		12-19kg: 125 mg BD	
	12-17y	250mg - 500mg BD	