



Guidelines for Management of Pharyngitis

Problem: Viral Pharyngitis in otherwise Healthy Children

Diagnosis:

- Most cases of pharyngitis are viral, even with exudate & adenopathy
 - * rhinorrhea, cough, hoarseness, conjunctivitis & diarrhea strongly suggest a viral etiology

Did You Know:

- In the face of pharyngitis with rhinorrhea and cough, if the rapid antigen test is positive, consider GAS carrier state
- GAS carriers are low risk for
 - * acute rheumatic fever
 - * spreading infection to others

Recommended Action:

- Routine GAS rapid antigen test is not indicated
- In clinically suspicious cases (exudative pharyngitis & adenopathy), consider a rapid antigen test and/or a throat culture
- Avoid starting therapy pending laboratory results, BUT if antibiotics are started, remind **parents** to
 - * call for culture results
 - * STOP antibiotics if the culture is negative
 - * discard ALL unused antibiotics
- Advise parents to return if symptoms do not resolve

Problem: Group A Streptococcal (GAS) Pharyngitis in otherwise Healthy Children

Diagnosis:

- Symptoms: pharyngeal pain, dysphagia, fever
 - * malaise, headache, abdominal pain & vomiting occur commonly
- Signs: red pharynx, patchy exudate, tender/enlarged anterior cervical lymph nodes
- Positive rapid antigen test for Group A Strep
 - * confirm all negative rapid antigen tests by throat culture

Did You Know:

- To date, no penicillin-resistant Group A Streptococci have been identified
- Erythromycin-resistant Group A Streptococci have been identified
- Only 15% of pharyngitis is due to Group A Strep; the remainder of cases are mostly due to viral agents

Recommended Action:

- Treat ONLY laboratory-confirmed Streptococcal pharyngitis with penicillin
- Treat penicillin-allergic patients with erythromycin
- Avoid broad-spectrum antibiotics

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For more complete guidance:
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