Consider (tests diagnostic):

- Esophagoscopy
- Retropharyngeal abscess
- Foreign body
- Group A Pharyngitis

PHARYNGITIS PATHWAY

Patient presents with sore throat or pain with swallowing

Is the patient febrile (≥100°F)?

Yes

Negative results

No

Does the patient have signs & symptoms suggestive of Group A Streptococcal Pharyngitis (GAS)?

Yes

Consider alternative diagnosis to GAS, including viral etiologies of pharyngitis: if patient is sexually active, viral gastroenteritis is more likely

Consider alternative diagnosis to GAS, including viral etiologies of pharyngitis

GAS is 100% susceptible to penicillin/amoxicillin

Negative results

No

Does the patient have signs & symptoms suggestive of GAS pharyngitis in past 4 weeks?

Yes

Evaluate all issues with treatment adherence. Complete throat culture.

No

Additional instructions:

- For Children that test positive for GAS, child must be on antibiotics for ≥24 hours AND be fever free before returning to daycare or school.
- As 25% of healthy asymptomatic children 1-2 years of age and unlikely in children with additional URI symptoms (Runny nose, cough, etc.) from streptococcal carriers who have an intercurrent viral pharyngitis

What were results of Rapid GAS antigen Test or PCR test?

Positive for GAS

Results of these cultures?

Positive for GAS

Provide supportive care to patient.

Negative for GAS

Positive for GAS

Provide supportive care to patient.

Negative for GAS

Positive for GAS

Additional instructions:

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- As 25% of healthy asymptomatic children 1-2 years of age and unlikely in children with additional URI symptoms (Runny nose, cough, etc.) from streptococcal carriers who have an intercurrent viral pharyngitis

GAS pharyngitis is rare in children < 3 years of age and unlikely in children with additional URI symptoms (Runny nose, cough, etc.).

As 25% of healthy asymptomatic children have <1 throat culture for GAS during school outbreaks of pharyngitis (non-GAS).

Note:

- GAS is 100% susceptible to penicillin/amoxicillin
- Be aware of increasing macrolide resistance (up to 20%) in GAS infections
- The role of the intermittent operator pharyngitis and otitis media, such as ciprofloxacin, decreases the risk of antibiotic-associated diarrheas such as C. difficile infections and the risk of antibiotic resistance

Antimicrobial therapy:

Penicillin: 300,000 units IM once daily (max dosing)

Adult 500,000 units IM once daily

Children (≥27 kg) 1.2 million units IM once daily

≥24 hours + fever free

PCR test

Antigen test

For children that test positive for GAS, child must be on antibiotics for ≥24 hours AND be fever free before returning to daycare or school.

Positive for GAS

Results of these cultures?

Positive for GAS

Provide supportive care to patient.

Negative result

Positive for GAS

Provide supportive care to patient.

Negative for GAS

Positive for GAS

Additional instructions:

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