

## SORE THROAT DECISION AID (FOR URI/PHARYNGITIS/TONSILLITIS)

For **UNCOMPLICATED Sore Throat Presentations**: if *severely unwell, difficulty swallowing, drooling, unilateral neck swelling or pain, severe headache or confusion* this suggests **COMPLICATED PHARYNGITIS** (*peritonsillar abscess, Lemierre's syndrome<sup>4</sup>, epiglottitis, invasive Group A strep/toxic shock*)

*Clinical judgement in each situation is needed to determine if the Decision Aid applies*

ASSESS FOR	SCORE <sup>3</sup>
Age 3 - 14 15 - 44 45 +	1 0 -1
Symptom Fever $\geq$ 38C NO Cough Red tonsils or exudate Tender anterior cervical adenopathy	1 1 1 1

Total:	GAS* Prevalence	SUGGESTED MANAGEMENT
0-1	0 – 10%	No Antibiotic, no throat swab or rapid test necessary
2-3	20 – 35%	Rapid test or culture; Antibiotic if <b>Positive</b>
4+	50% or more	Antibiotic appropriate, but consider test <sup>2</sup> ; advise STOP Rx if negative

<sup>2</sup> the Infectious Disease Society of America (IDSA) endorses testing **ALL** cases if score >1 and **ONLY** treat if GAS POSITIVE to minimize antibiotics for viral pharyngitis. \*GAS –Group A Streptococcus.

### RECOMMENDED ANTIBIOTICS (ADULTS ONLY)<sup>1,2</sup>

First Line	Penicillin Allergy
Penicillin V 250 mg qid or 500 mg bid x 10 day <b>OR</b> Amoxicillin 500 mg bid x 10 days  (IDSA <sup>2</sup> also endorses amoxicillin 1000 mg po OD)	<b>NO</b> Hx Anaphylaxis: cephalexin 250-500mg bid x 10 days  <b>POSITIVE</b> Hx Anaphylaxis: clindamycin 300mg po tid x 10 days <b>OR</b> clarithromycin 250mg bid x 10 days <b>OR</b> azithromycin 500mg 1 <sup>st</sup> day, then 250mg po OD x 4 days

### OTHER POINTS TO CONSIDER

- Parents of young children, workers caring for children, exposure to confirmed GAS case also warrants testing<sup>1</sup>
- Risk of rheumatic fever in adults with untreated GAS is rare<sup>1</sup>  
**EXCEPTION:** Northern communities, some aboriginal populations, developing countries
- Analgesics may help more severe pain, fever. Oral steroids are NOT recommended in uncomplicated sore throats<sup>1</sup>
- Lemierre's syndrome is a rare, *life threatening* severe sore throat infection caused by *Fusobacterium necrophorum*. Symptoms include sepsis, unilateral neck pain from internal jugular thrombophlebitis. Urgent IV antibiotic treatment needed; mortality is high<sup>4</sup>

1. Shulman ST et al. Clinical practice guideline for the diagnosis and management of Group A Streptococcal Pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis* 2012; DOI:10.1093

2. Harris AM, Hicks LA et al. Appropriate antibiotic use of acute respiratory infection in adults: High-value care from the American College of Physicians and the Centers for Disease Control and Prevention. *Ann Intern Med* doi:10.7326/M15-1840.

3. Fine A et al. Large-scale validation of the Centor and McIsaac scores to predict Group A Streptococcal pharyngitis. *Arch Intern Med* 2012; 172:847-52.

4. Tromp-van Dale C et al. Lemierre syndrome: early recognition and management. *CMAJ* 2015; 187:1229