Patient > 3 years of age with a acute onset sore throat

**Complications of streptococcal Pharyngitis**

- Viral etiology strongly suggested; Do not test
  - Provide symptomatic care

Is the patient free from all the following viral symptoms:
  - cough
  - hoarseness
  - coryza (minor rhinorrhea/ nasal congestion)
  - conjunctivitis
  - viral exanthem
  - mouth ulcers
  - diarrhea

**Exclusion Criteria for CPG:**
- Peritonsillar abscess
- Lymphadenitis (tender, swollen lymph nodes with overlying erythema)
- Retropharyngeal abscess (such as restricted neck movement secondary to pain)
- Ludwig’s angina (cellulitis of the floor of the mouth)

One or more exam findings consistent with streptococcal pharyngitis?

- Exam findings consistent with streptococcal pharyngitis
  - tonsillar pharyngeal erythema
  - tender anterior cervical nodes
  - scarfiform rash
  - tonsillar exudate
  - palatal petechiae
  - swollen red uvula

- Associated symptoms of streptococcal pharyngitis include:
  - abdominal pain
  - headache

**Perform Rapid Antigen Detection Test (RADT)**

- Positive
  - Preferred treatment: Amoxicillin 50mg/kg/dose once daily for 10 days Max Dose: 1gm
    - **Children and Adolescents ≥20 kg:** 1,000mg once daily for 10 days
    - **Alternative Choice:** Oral or IM benzathine penicillin
  - Non-severe penicillin allergy (hives):
    - Cephalexin 50mg/kg/day divided BID for 10 days Max 1,000mg/day
  - Serious penicillin allergy (anaphylaxis):
    - Clindamycin 50mg/kg/day divided TID for 10 days Max: 900mg/day

- Negative
  - Do not treat with antibiotics
  - Await reflex culture
  - Provide symptomatic care

- Is the culture positive?
  - Yes
    - Do not treat with antibiotics
    - Await reflex culture
    - Provide symptomatic care
  - No
    - Do not treat with antibiotics
    - Provide symptomatic care

**Therapies not recommended**
- Aspirin
- Glucocorticoids
- Following antibiotic classes:
  - **Fluoroquinolones**
  - **Tetracyclines**
  - **Sulfamethoxazole/Trimethoprim**
- 2nd and 3rd generation cephalosporins (unnecessarily broad spectrum)
- Macrolides are not recommended unless severe allergy to penicillin and cephalosporins exist. Resistance is well known and treatment failures related to macrolide resistance have occurred.