

**\*Note:**

- Testing children <3 years old is generally not indicated unless they present with signs & symptoms consistent with strep throat & have a household contact with a positive streptococcal rapid antigen test or culture
- Streptococcal pharyngitis typically presents in winter/spring
- Fever is often present, but fever alone without sore throat makes streptococcal pharyngitis unlikely

**Exclusion Criteria for CPG:**

- Peritonsillar abscess
- Lymphadenitis (tender, swollen lymph nodes with overlying erythema)
- Retropharyngeal abscess (such as restricted neck movement secondary pain)
- Ludwig's angina (cellulitis of the floor of the mouth)

**Exam findings consistent with streptococcal pharyngitis:**

- Tonsillopharyngeal erythema
- tender anterior cervical nodes
- Scarlatiniform rash
- Tonsillar exudate
- Palatal petechiae
- Swollen red uvula

Complications of streptococcal Pharyngitis

Patient ≥ 3 years of age with an acute onset sore throat

Is the pt free from **all** the following viral symptoms:

- Cough
- Hoarseness
- Coryza (rhinorrhea/nasal congestion)
- Conjunctivitis
- Viral exanthem
- Mouth ulcers
- Diarrhea

No  
Viral etiology strongly suggested; Do not test  
Provide symptomatic care

Yes  
One or more exam findings consistent with streptococcal pharyngitis?

No  
Do not test  
Provide symptomatic care

Yes  
Perform Rapid Antigen Detection Test (RADT)

Positive Negative

**Preferred treatment:**  
Amoxicillin 50mg/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 10days  
Max: 1000mg/day

**Serious penicillin allergy (anaphylaxis):**  
Clindamycin 30mg/kg/day divided TID for 10days  
Max: 900mg/day

Do not treat with antibiotics  
Await reflex culture  
Provide symptomatic care

Is the culture positive?

No  
Do not treat with antibiotics  
Provide symptomatic care

**Therapies not recommended**

- Aspirin
- Glucocorticoids
- Following antibiotic classes:
  - Fluoroquinolones
  - Tetracyclines
  - Sulfa
- 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 is well known and treatment failures related to macrolide resistance have occurred.