*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 to 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

One or more exam findings consistent with streptococcal pharyngitis?

Perform Rapid Antigen Detection Test (RADT)

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 30mg/kg/day divided TID for 10 days
Max: 900mg/day

Therapies not recommended:
- Aspirin
- Glucocorticoids
- Following antibiotic classes:
  - Fluoroquinolones
  - Tetracyclines
  - Sulfas
- 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.