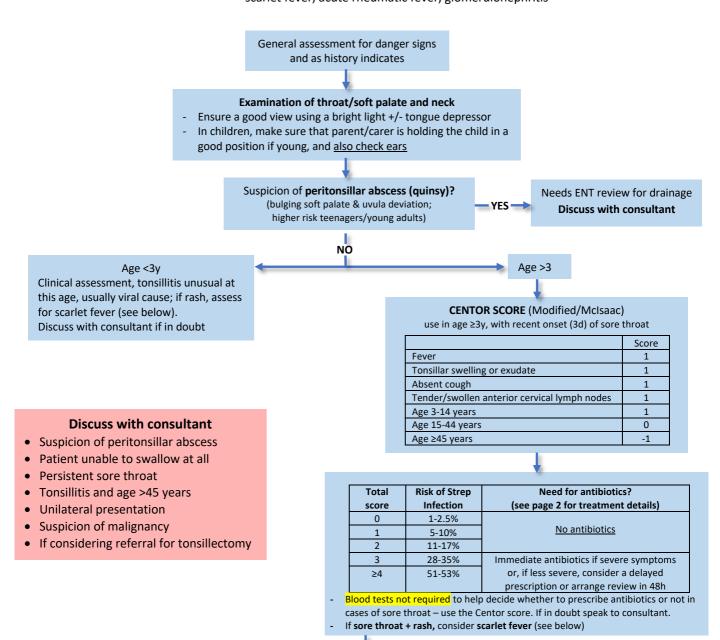
Kijabe Hospital

Kijabe OPD Guidelines

Sore throat / tonsillitis / pharyngitis

Key facts

- One of the most frequent reasons for seeking healthcare and one of the commonest reasons for using antibiotics worldwide, although most are viral in origin.
- 85% resolve within 7 days (regardless of whether viral or bacterial) and antibiotics reduce symptom duration by just 16 hours; tonsillitis is unusual in age<3y and ≥45 years
- Use the **Centor score** to identify patients who may benefit most from antibiotics
- Possible complications of tonsillitis: otitis media, peritonsillar abscess, obstructive sleep apnoea, scarlet fever, acute rheumatic fever, glomerulonephritis



Treatment

- 1. Explain diagnosis and likely time-frame (most better within 7d)
- 2. Self-care advice regular analgesia, drinks honey & lemon, teas, cold drinks/ice, throat lozenges
- 3. Antibiotics? depending on Centor Score (see antibiotic choice on page 2); if antibiotics not indicated, explain why & possible side-effects
- 4. **Safety netting** advise to return if: danger signs (e.g. inability to drink, unable to swallow saliva, drowsiness, confusion, high fever not responding to simple measures, swelling, difficulty/fast breathing); very worried; ongoing symptoms despite treatment
- 5. **Corticosteroids?** Can *consider* a single dose in patients with *severe* pain, especially if struggling with oral intake. <u>Do not give routinely</u> (adults: 10 mg dexamethasone or 60mg prednisolone)

Kijabe Hospital Health Care to God's Glory

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How to do a 'delayed prescription of antibiotics'

Write a paper prescription (add expiry date 5-10 days time), explain that antibiotics are not required at present and that we expect the infection to get better on its own, but incase symptoms continue/worsen, they can fill the prescription at a pharmacy after a predetermined period (e.g. 2-3d)

CHOICE OF ANTIBIOTICS IN TONSILLITIS			
	DRUG	DOSE	DURATION
First line:	Benzathine Penicillin OR	<27kg: 0.6 million units IM as a single dose >27kg: 1.2 million units IM as a single dose	1 dose
	Penicillin V (250mg tablets)*	Child 1-11m: 62.5mg QDS or 125mg BD Child 1-5y: 125mg QDS or 250mg BD Child 6-11y: 250mg QDS or 500mg BD Adult/child>12y: 500mg QDS or 1g BD	10 days (to increase likelihood of Strep eradication)
	If young children unable to take penicillin tablets (first choice): amoxicillin syrup	Child 1-11m: 125mg TDS Child 1-4y: 250mg TDS Age >5y and adults: 500mg TDS	10 days
In penicillin allergy and 2 nd line:	Clarithromycin (500mg tablets)	<8 kg: 7.5 mg/kg BD 8 to 11 kg: 62.5 mg BD 12 to 19 kg: 125 mg BD 20 to 29 kg: 187.5 mg BD 30 to 40 kg: 250 mg BD Child ≥ 12yrs and adults: 250mg BD	10 days
	Erythromycin – if pregnant (preferred to clarithromycin) or syrup for children unable to take tablets	Child 1 – 23 months: 250mg BD Child 2-7yrs: 500mg BD Adult and child > 8yrs: 500 – 1000mg BD	10 days

^{*} Penicillin V is better than alternatives for treating Group A Strep as it is very effective but also narrow spectrum, which is better for avoiding AMR

Scarlet Fever

- Disease resulting from exotoxin produced by Group A beta-haemolytic strep; can lead to invasive disease
- Commonest in children aged 2-8y
- Presents with sore throat, fever and a rash; headache, fatigue, vomiting, abdo pain are common.
- The rash: appears on second day, neck and chest first then spreads, coarse texture like sandpaper, (later desquamation)
- On examination: <u>strawberry tongue</u>, cervical lymphadenopathy, flushed face (perioral pallor), pharyngitis with haemorrhagic spots on palate
- Check for features of systemic disease
- Treat with antibiotics as above, for a <u>full 10 days</u> of treatment
- Observe if immunocomprosmied as increased risk of invasive infection

Referral for tonsillectomy

Two indications for tonsillectomy: <u>recurrent infection and</u> <u>sleep disordered breathing (sleep apnoea)</u>

In recurrent tonsillitis, consider tonsillectomy if:

- 3 infections per year for 3 consecutive years, or
- 5 infections per year for 2 consecutive years, or
- 7 infections in a one year period

No need to send to ENT during the acute infection, treat as above and arrange OPD appointment.

References