

PHARYNGITIS / SORE THROAT / TONSILLITIS V2.2

Comments from the Expert Advisory Group

- GPs can use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations with patients presenting with pharyngitis / sore throat / tonsillitis where there is no immediate need for an antibiotic.
 - The majority of sore throats are viral; most patients do not benefit from antibiotics. Consider a delayed antibiotic strategy and explain soreness will take about 7 days to resolve.
 - Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve.
 - Withholding antibiotics is unlikely to lead to complications.
 - Offer all patients advice about self-care and to seek medical help if symptoms worsen significantly.
 - Reassess if symptoms worsen rapidly or significantly, taking account of: alternative diagnoses such as scarlet fever or glandular fever or any symptoms or signs suggesting a more serious illness or condition.
 - Consider referral to hospital if they have acute sore throat associated with severe systemic infection or severe suppurative complications (such as abscess).
 - If scarlet fever is suspected it is advisable to treat for 10 days duration.
 - [HPSC update on group A Streptococcus](#)
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- **FeverPAIN scoring system** helps to identify those who are most likely to benefit from antibiotics. This tool has not been assessed in children under 3 years.

Each of the FeverPain criteria score 1 point (maximum score of 5). Higher scores suggest more severe symptoms and likely bacterial (streptococcal) cause. FeverPAIN criteria:

- Fever
- Pus on tonsils
- Attendance within 3 days of onset of symptoms
- Severely inflamed tonsils
- No cough or coryzal symptoms present

Score 0-1: Do not offer antibiotic

Score 2-3: Offer delayed antibiotic

Score 4-5: Offer immediate antibiotic prescription

A score of 0 or 1 is thought to be associated with a 13% to 18% likelihood of isolating streptococcus.

A score of 2 or 3 is thought to be associated with a 34% to 40% likelihood of isolating streptococcus.

A score of 4 or 5 is thought to be associated with a 62% to 65% likelihood of isolating streptococcus.

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Symptomatic Relief

- Consider analgesia: paracetamol (or ibuprofen where appropriate).
- Advise patient about adequate intake of fluids.
- Patients report symptom relief from using over-the-counter products such as topical anaesthetic sprays and medicated lozenges containing local anaesthetics.
- Advise to consult pharmacist for symptom relief.

Treatment (Adults)

Pharyngitis / Sore Throat / Tonsillitis Antibiotic Treatment Table (Adults)			
Consider no antibiotic or delayed antibiotic strategy.			
Use FeverPAIN Score to identify those most likely to benefit from antibiotics.			
Score 0-1: Do not offer antibiotic			
Score 2-3: Offer delayed antibiotic			
Score 4-5: Offer immediate antibiotic prescription			
If antibiotics deemed clinically indicated:			
Drug	Dose	Duration	Notes
Adults: 1st choice options			
Phenoxymethylpenicillin	666mg every 6 hours (Calvepen®) OR 500mg every 6 hours (Kopen®)	5 days [#]	Avoid in penicillin allergy. Recommend to take 30 minutes before a meal or 2 hours after food.
[#] Depending on clinical response, duration can be extended to 10 days in total. If scarlet fever is suspected it is advisable to treat for 10 days duration			
Adults: 2nd choice options			
Amoxicillin	500mg every 8 hours	5 days [#]	Avoid in penicillin allergy.
OR Cefalexin	500mg every 8 hours	5 days [#]	Cephalosporins should not be used in severe penicillin allergy.
OR Clarithromycin	500mg every 12 hours	5 days [#]	See macrolide warnings and check drug interactions before prescribing. Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 nd and 3 rd trimester in pregnancy. Alternative macrolide for all trimesters of pregnancy: Azithromycin 500mg stat then 250mg every 24 hours from Day 2 to Day 5.
[#] Depending on clinical response, duration can be extended to 10 days in total. If scarlet fever is suspected it is advisable to treat for 10 days duration			

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Treatment (Children)

Pharyngitis / Sore Throat / Tonsillitis Antibiotic Treatment Table (Children)

Consider no antibiotic or delayed antibiotic strategy.

Use FeverPAIN Score to identify those most likely to benefit from antibiotics*.

Score 0-1: Do not offer antibiotic

Score 2-3: Offer delayed antibiotic

Score 4-5: Offer immediate antibiotic prescription

* FeverPAIN tool has not been assessed in children under 3 years

If antibiotics deemed clinically indicated:

Drug	Dose	Duration	Notes
Children: 1st choice option			
Phenoxymethylpenicillin	Refer to dosing table	5 days [#]	Avoid in penicillin allergy. Recommend to take 30 minutes before a meal or 2 hours after food.
Children: 2nd choice options			
Amoxicillin	Refer to dosing table	5 days [#]	Avoid in penicillin allergy.
OR Cefalexin	Refer to dosing table	5 days [#]	Cephalosporins should not be used in severe penicillin allergy.
OR Clarithromycin	Refer to dosing table	5 days [#]	See macrolide warnings and check drug interactions before prescribing.

[#]Depending on clinical response, duration can be extended to 10 days in total. If scarlet fever is suspected it is advisable to treat for 10 days duration

Patient Information

- [HSE A-Z: Sore Throat](#)
- [HSE A-Z: Strep A](#)
- [Group A streptococcus factsheets \(HPSC\)](#)
- [HSE Common Illnesses](#)