Perform throat culture

NO ANTIBIOTIC NEEDED

Confirm a Streptococcal Cause of Pharyngitis BEFORE Prescribing Antibiotics.

Clinical signs and symptoms that strongly suggest a non-streptococcal (usually viral) etiology:
- Cough
- Rhinorrhea
- Oral ulcers

Yes

Opt for a narrow-spectrum antibiotic whenever possible for strep pharyngitis.
- Penicillin (PCN; PO or IM) or amoxicillin
- For PCN-allergic patients, use a cephalosporin (for non-anaphylactic type allergies), clindamycin, azithromycin or clarithromycin.

No antibiotic needed

Because of a general increase in rates of resistance to antibiotics, antimicrobial therapy should not be prescribed for proven episodes of strep pharyngitis.

Symptom management
- Pain control is important for maintaining patient comfort, as is hydration. Assist in identifying safe home remedies and appropriate over-the-counter (OTC) medications e.g., analgesics and/or antipyretics that may offer symptom relief.
- Avoid aspirin for children, due to the risk of Reye’s syndrome.

Educate, Advise and Assist Patients and Parents/Caregivers.

Viral cause: If rapid strep testing is negative, educate patients and parents/caregivers that the cause (pending possible culture) is not strep but one of many different viruses, and antibiotics are not necessary. Even with typical symptoms, fewer than 30% of children have strep pharyngitis. Inform parents/caregivers that prior, repeated, or recent strep infection or exposure to someone with strep may increase the chance, but does not adequately confirm a current strep infection.

Value of testing/potential harm of antibiotics: Advise patients and parents/caregivers that rapid tests are highly reliable and allow providers to avoid using unnecessary antibiotics and the associated possible harm (medication side effects and increasing personal and societal antimicrobial resistance).

Signs of worsening: Educate patients and parents/caregivers that, occasionally, whatever the cause of a sore throat and whether antibiotics are prescribed or not, symptoms can worsen. If this is the case, re-evaluation is necessary. If symptoms do not begin to subside in 72 hours, schedule a re-visit for further evaluation.

Illness prevention: Review illness prevention, including good hand and respiratory hygiene. Offer influenza vaccination to children 6 months to 18 years of age.

Reference Articles

Acute Bacterial Sinusitis:

Pharyngitis:

Bronchiolitis/Nonspecific URI:

Cellulitis and Abscesses:

Supporting Organizations
- Alameda Alliance for Health
- Anthem Blue Cross
- California CareFirst Health Plan
- California Health Network of California
- Health Plan of San Joaquin
- Inland Empire Health Plan
- Kaiser Permanente
- L.A. Care Health Plan
- Molina Healthcare of California
- American Academy of Pediatrics, California District
- California Pharmacists Association
- California Society of Health-System Pharmacists
- Urgent Care Association of America
- Urgent Care College of Physicians
- California Association of Nurse Practitioners
- California Academy of Physician Assistants

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- Urgent Care Association of America
- Urgent Care College of Physicians

For more information visit: www.aware.md
When NOT to Treat with an Antibiotic: Otitis Media
- When acute otitis media with effusion.
- When symptoms are not severe.
- When the child has been treated with antibiotics before for OME.

When NOT to Treat with an Antibiotic: Acute Otitis Media
- Moderate to severe bilateral bulging of the tympanic membrane (TM) or new onset of atelectasis not due to acute otitis media.
- May diagnose acute otitis media in presence of mild bulging of the TM and recent (less than 48 hours) onset of ear pain (pulling, rubbing) and bulging of the TM in a non-fatal child or infants younger than 6 weeks.
- Signs of or symptoms of middle ear inflammation as indicated by either: a. Distal erythema of the TM. b. Distal erythema (discolor closely related to the ear) that interferes with or prevents normal activity or play.

Note: Clinicians should not diagnose AOM in children who do not have middle ear effusion.

When NOT to Treat with an Antibiotic: Bronchiolitis / Nonspecific Cough Illness Indications for Antibiotic Treatment Pathogen Antimicrobial Therapy Antibiotic Guidelines
- Abscesses
- Cellulitis and erysipelas

When to Treat with an Antibiotic: Streptococcus pyogenes (Group A Strep)
- > 90% of cases caused by routine respiratory viruses, including adenovirus, influenza, norovirus, respiratory syncytial virus, enteroviruses, and parainfluenza virus.
- Enteric fever
- Pneumonia
- Through the following: cutaneous, conjunctival, pharyngeal, and genitourinary

Pharyngitis
Mainly viral pathogens
- Group A Strept: Treatment reserved for patients with positive rapid antigen detection or throat culture.

Length of Oral Therapy:
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- 5-7 days

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Pharyngitis
Striphlococcus pneumoniae
- Severe AOM: Prescribe antibiotic therapy for AOM in children > 6 months of age with severe signs or symptoms (inotrace or otorragia) or for at least 48 hours or temperature ≥ 39°C (102.2°F).

Antibiotic Choice:
- 2-5 years old with mild to moderate symptoms: 7 days
- Younger than 2 years or severe symptoms: 10 days
- Non-severe bilateral AOM in young children:
- Prescribe antibiotic therapy for bilateral AOM in children ≤ 24 months of age without severe signs or symptoms (mild otorragia for less than 48 hours and temperature ≤ 39°C [102.2°F]).

Antibiotic Choice:
- 2-5 years old with mild to moderate symptoms: 7 days
- Younger than 2 years or severe symptoms: 10 days
- Non-severe unilateral AOM in young children (6 months to 23 months of age) or non-severe AOM (bilaterally or unilaterally) in older children (24 months or older):
- Prescribe antibiotic therapy for observation and close follow-up based on rapid antigen testing or when the presentation is suggestive of otitis media.

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