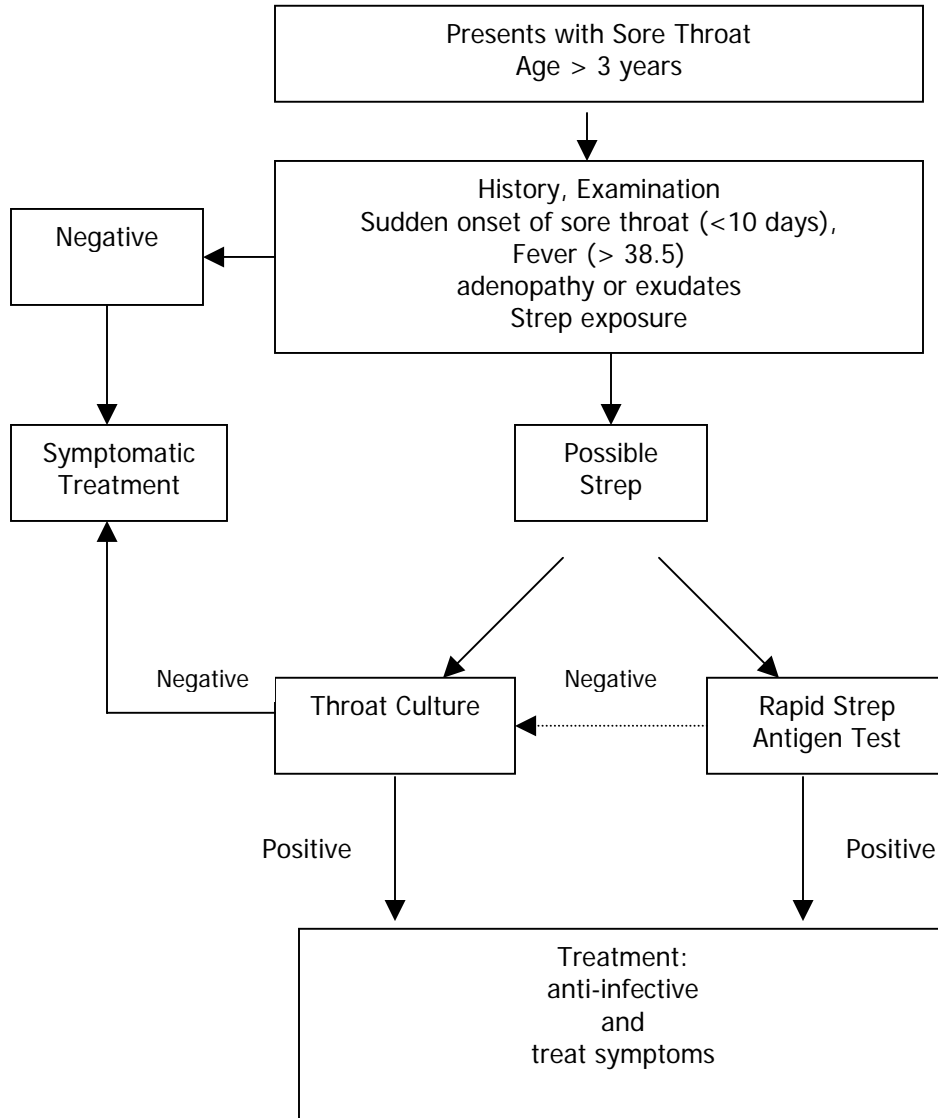


Guidelines for Management of Pharyngitis

Guideline History

Date Approved	11/06	11/08
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Next Review Date	11/10	

Guidelines for Management of Pharyngitis



Medications for the Management of Pharyngitis

Medication	Tier	Dosage
Benzathine Penicillin G		Children: ≤ 60 lbs: 600,000 U IM X 1 dose >60 lbs: 900,000 U IM x 1 dose Adults: > 60 lbs: 1,200,000 U IM X 1 dose
Penicillin VK	1	Children: 25-50 mg/kg/day q.i.d. x 10 days Adolescents & Adults: 125 to 250 mg t.i.d. or q.i.d. x 10 days Or 500 mg b.i.d. X 10 days
For Patients Allergic to Penicillin: Erythromycin Estolate Erythromycin Ethyl Succinate or Sterate	1	Children: 20-40 mg/kg/day b.i.d. or t.i.d. X 10 days Children: 40 mg/kg/day b.i.d. or t.i.d. X 10 days Adults: 400 mg q.i.d.
Cephalexin	1	Children: 25-50 mg/kg/day b.i.d. X 10 days Adults: 500 mg b.i.d. X 10 days
Amoxicillin (Alternative)	1	Children > 3 months and < 40 kg: Mild to Moderate: 25mg/kg/day in divided doses every 12 hours Or 20 mg/kg/day in divided doses every 8 hours Severe: 45 mg/kg/day in divided doses every 12 hours Or 40 mg/kg/day in divided does every 8 hours Adults: Mild to Moderate: 500 mg every 12 hours or 250 mg every 8 hours Severe: 875 mg every 12 hours or 500 mg every 8 hours

Updated: 08/01/2008 Source: Optima Health Pharmacy



You have been diagnosed with an illness caused by a virus. Antibiotics do not cure viral infections. If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

When your child is sick, you want to do everything you can to help. But antibiotics are not the answer for every illness. This brochure will help you know when antibiotics work— and when they won't. For more information, talk to your doctor or visit www.cdc.gov/drugresistance/community.

The Risk: Bacteria Becomes Resistant

What's the harm in giving your child antibiotics anytime? Taking antibiotics when they are not needed can cause some bacteria to become resistant to the antibiotic. These resistant bacteria are stronger and harder to kill. They can stay in your child's body and can cause severe illnesses that can't be cured with antibiotic medicines. A cure for resistant bacteria may require stronger treatment – and possibly a stay in the hospital. To help prevent antibiotic resistance, the Centers for Disease Control and Prevention recommends giving your child antibiotics only when necessary.



Antibiotics Aren't Always the Answer

Most illnesses are caused by two kinds of germs: bacteria and viruses. Antibiotics can cure bacterial infections-not viral infections.

Bacteria cause strep throat, some pneumonia and sinus infections. *Antibiotics can work.*

Viruses can cause the cold, chest cold, sore throats (except strep), bronchitis, most coughs, and the flu. Antibiotics don't work.

Using antibiotics for a virus:

- Will NOT** cure the infection
- Will NOT** help you feel better
- Will NOT** keep others from catching your child's illness

Protect Your Child, Give the Best Care



Antibiotics should not be used to treat the common cold, runny noses, most coughs. Children fight off these viral illnesses on their own.

If your doctor or health care provider prescribes an antibiotic to treat a bacterial infection like- strep throat- be sure to take all of the medicine. Only using part of the prescription means that only part of the infection has been treated. Not finishing the medicine can cause resistant bacterial to develop.

Talk to Your Doctor Or Nurse to Learn More

Commonly Asked Questions:

How do I know if I have a Viral Illness or a Bacterial Infection?

Ask your doctor or healthcare provider and follow his or her advice on what to do about your child's illness.

Remember, colds are caused by viruses and should not be treated with antibiotics.

Does this mean I Should Never Take Antibiotics?

Antibiotics are very strong medicines and should be used to treat bacterial infections. Your doctor or health care provider will prescribe antibiotics if your child has a bacterial infection.

If Mucus from the Nose Changes from Clear to Yellow or Green — Does This Mean That my Child Needs an Antibiotic?

Yellow or green mucus does not mean that your child has a sinus infection. It is normal for the mucus to get thick and change color during a viral cold.

Sources: Taken from the CDC (2006). Snort. Sniffle. Sneeze. No Antibiotics Please. Retrieved July 2008 from http://www.cdc.gov/drugresistance/community/campaign_materials/Brochure-Parent-color.pdf

CDC (2006). Cold or Flu. Antibiotics Don't Work for You. Retrieved July 2008 from http://www.cdc.gov/drugresistance/community/campaign_materials/Brochure-General-color.pdf

For more information, see the Centers for Disease and Prevention Website.

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

References

- Ashley, J.; Lally, P.; Moffett, K.; Dickman, D.; Walker, R.; Khan, R. (2002). Guidelines for Management of Pharyngitis. West Virginia Department of Health and Human Resources. Bureau for Public Health Infectious Disease Epidemiology.
- Bennett, M. (2005). *Acute Pharyngitis Guidelines*. Health Plan of Nevada, Inc.
- Bisno, A.; Gerber, M.; Gwaltney, J.; Kaplan, E.; Schwartz, R. (2002). ISDA Guidelines. *Practice Guidelines for the Diagnosis and Management of Group A Streptococcal Pharyngitis*. *Clinical Infectious Diseases*; 35:113-125.
- CDC (2006). Snort. Sniffle. Sneeze. No Antibiotics Please. Retrieved September 2006 from http://www.cdc.gov/drugresistance/community/files/CDC_general_brochure.pdf
- CDC (2006). Cold or Flu. Antibiotics Don't Work for You. Retrieved September 2006 from http://www.cdc.gov/drugresistance/community/files/CDC_general_brochure.pdf
- Institute for Clinical Systems Improvement (2005). Acute Pharyngitis. Retrieved from www.icsi.org.
- Michigan Quality Improvement Consortium (2007). Michigan Quality Improvement Consortium Guideline. *Acute Pharyngitis in Children*. Retrieved 2008 from, <http://www.mqic.org/pdf/REVISED%20MQIC%202007%20Acute%20Pharyngitis%20in%20Children%20Guideline.pdf>
- Moody-Antonio M.D., S. (2008). Personal Communication. September 2008.
- Optima Health Pharmacy Services (2008)
- Sinacori M.D., John (2008). Personal Communication. September 2008.
- Singleton, B. (2000). *Management of Acute Upper Respiratory Tract Infection*. A Clinical Guideline from The Colorado Clinical Guideline Collaborative.
- Vincent, M.; Celestin, N.; Hussain, A. (2004). *Pharyngitis*. *American Family Physician*; 69:1465-1470.