Paediatric Tonsilitis Pathway—Management in Primary

NHS Cheshire Clinical Commissioning Group

Patient presents

Clinical Assessment of sore Throat

Acute inflammatory condition of tonsillar tissue. Often start as a viral infection and may become secondary infected with bacteria

Appears bacterial

- Consider use of Feverpain or centor score
- Fever (during previous 24 hours)
- Purulence (pus on tonsils)
- Attend rapidly (within 3 days after onset of symptoms)
- Severely inflamed tonsils
- No cough or coryza (inflammation of mucus membranes in the nose)

See Antibiotic guidance in Table A

IF

- No response
- >3 episodes per year
- Chronic Symptoms >3/12

THEN

- Throat swab
- Consider Full Blood Count

Appears Viral

- Consider bloods if patient may have glandular fever
- Clinically significant i.e. the patient has significant symptoms including severe sore throat

Advise self care with:

- Paracetamol (soluble suspension if required)
- +/- Ibuprofen (suspension if required) for analgesia
- +/- Benzydamine (Difflam) spray maybe helpful*

* may be used from age 1 month as per doses recommended in the children's BNF

Red Flags

- Quinsy (e.g. tonsillar abscess, unilateral tonsillar enlargement and swelling of the soft palate)
- Suspected embedded foreign body
- Airway obstruction
- Malignancy (e.g. unilateral tonsillar enlargement

Criteria for surgery for recurrent tonsilitis

- Suspected viral tonsilitis episodes are included as long as clinically significant.
- 7 or more well documented clinically significant adequately treated episodes of tonsilitis in the preceding year (OR 5 or more such episodes in each of the previous 2 years OR 3 or more such episodes in each of the preceding 3 years)
- If appropriate following peritonsillar abscess
- May be appropriate for Significant hypertrophy causing Obstructive Sleep Apnoea (OSA)

Table 1: First Line Treatment: Bacterial

Phenoxymethylpenicillin oral solution or tablet for 5-10 days	
Infant to 11 months	62.5mg 4X a day or 125mg 2X a day for 5-10 days
1—5 years	125mg 4X a day or 250mg 2X a day for 5-10 days
6—11 years	250mg 4X a day or 500mg 2X a day for 5-10 days
12—17 years	500mg 4X a day or 1000mg 2X a day for 5-10 days
First line treatment, as penicillin resistance is practically non-existing in croup A Streptococci	
In penicillin allergy	
Clarithromycin suspension / tablet for 5 days	
Only in penicillin allergic cases as macrolide resistance might occur in group A Streptococci	

Dosage based on body weight (kg)

Weight Kg*	Approximate age in years	Dose in mg of clarithromycin to be given twice per day	Dose in ml of 125mg/5ml oral suspension to be given twice per day via oral syringe	Dosage per 5ml teaspoon twice daily
<8	1-2	7.5mg / kg twice daily	2.5	1/2
8-11	3-6	62.5	5.0	1
12-19	7-9	127	7.5	1 1/2
20-29	10-11	187.5	10.0	2
30-40	12-17	250250-500		

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

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