Pharyngitis – *Adult and Pediatric*

Care and Treatment Plan: Pharyngitis – Adult and Pediatric

Definition

A painful condition of the oropharynx with inflammation or infection of the mucus membranes of the pharynx and possibly the palatine tonsils.

The peak prevalence is found in children less than 5 years.

Registered Nurses with **Remote Nursing** and **RN First Call** Certified Practice (RN(C)) designation are authorized to manage, diagnose, and treat adults or children who are **1 year and older** with pharyngitis.

Management and Intervention

Bacterial

Goals of Treatment

- Eradicate infection
- Prevent complications
- Prevent spread of Group A streptococcus

Additional Pediatric Considerations

- Control pain and fever
- Rapid reduction in infectivity
- Prevent spread of Group A Streptococcus
- Decrease antibiotic resistance

Non-pharmacologic Interventions

- Bed rest during febrile phase
- Adequate oral intake of fluids
- · Avoidance of irritants
- Gargling with warm saline (1 tsp. in 1 cup warm water)

Additional Pediatric Considerations

Increase room humidity

Pharmacologic Interventions: Adults

- Analgesics for mild to moderate pain:
 - o Acetaminophen 325mg, 1-2 tabs PO q4-6h PRN, or
 - o Ibuprofen 200mg, 1-2 tabs PO q4-6h PRN
- Treat with oral antibiotics if streptococcal infection is suspected:
 - Penicillin VK 600mg PO BID or 300mg PO TID for 10 days
- For clients with penicillin allergy or requiring a suspension (if pen V suspension not available):
 - Cephalexin 500mg PO BID for 10 days (DO NOT USE IF CLIENT HAS A SEVERE ANAPHYLACTIC REACTION TO PENICILLIN), or
 - Azithromycin 500mg PO daily for 3 days

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Pharmacological Interventions: Pediatric

Note: All doses must be calculated by weight up until 12-years of age. Pediatric doses should not exceed recommended adult doses.

- To relieve pain:
 - Acetaminophen 10-15mg/kg, PO q4-6h prn; maximum dose 75mg/kg/24hr, or a total of 4,000mg/24hr, whichever is less, or
 - o Ibuprofen 5-10mg/kg, PO g6-8h PRN; maximum dose 40mg/kg/24hr
- Pen VK 40mg/kg/day divided BID for 10 days; Amoxicillin is no longer recommended
- In case of unavailability of the previously listed antibiotics, or allergies to the above antibiotics:
 - Cephalexin 40 mg/kg/24hr divided BID for 10 days. (DO NOT USE if patient has a severe anaphylactic reaction to penicillin), or
 - Azithromycin 20mg/kg PO daily for 3 days (Maximum dose 500mg/day)

Pharmacological Interventions: Pregnant and Breastfeeding Women

- Acetaminophen, penicillin VK, cephalexin and azithromycin may be used as listed above
- DO NOT use ibuprofen in pregnant patients

Note: If the infection has been determined to be due to chlamydia or gonorrhea, please refer to the appropriate STI DST.

Viral

Goals of Treatment

- Relieve symptoms
- Supportive care

Non-pharmacologic Interventions

- Rest
- Increase oral fluids
- Avoid irritants
- Warm saline gargles QID (1 tsp. of salt in 1 cup of warm water)

Pharmacological Interventions: Pediatrics

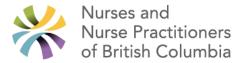
Note: All doses must be calculated by weight up until age 12. Pediatric doses should not exceed recommended adult doses.

- To relieve pain:
 - Acetaminophen 10-15 mg/kg, po q4-6h PRN; maximum dose 75mg/kg/24hr or a total of 4,000mg/24hr, whichever is less, or
 - o Ibuprofen 5-10mg/kg, PO g6-8h PRN; maximum dose 40mg/kg/24hr

Potential Complications

- Rheumatic fever (Group A strep)
- Acute Glomerulonephritis (Group A strep)
- Peritonsillar abscess
- Epiglottitis
- Retropharyngeal abscess
- · Otitis media

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Sinusitis

Additional Pediatric Considerations

- Splenomegaly (Epstein Barr Virus or Infectious Mononucleosis)
- Pneumonia
- Bacterial meningitis

Client Education/Discharge Information

- Gargle frequently with warm salt water (1 tsp. in 1 cup warm water)
- Increase room humidity
- Eat soft bland foods

Monitoring and Follow-up

• Return to clinic if not improved in 24-48 hours

Consultation and/or Referral

- A consultation with a physician or nurse practitioner may be necessary if condition is recurrent or persistent or an undiagnosed underlying pathology is suspected.
- An immunocompromised client, or an unusual presentation of candidiasis, should be referred promptly to a physician or nurse practitioner.

Documentation

As per agency policy.

BCCNM certified nurses (RN(C)s) are responsible for ensuring they reference the most current DSTs, exercise independent clinical judgement aruse evidence to support competent, ethical care. This DST has been approved by the NNPBC RN Certified Practice Decision Support Tools Steen

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More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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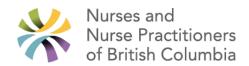
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