

Clinical Decision Making Pathway

TONSILLITIS

This document is designed to aid the clinical decision making for ED/GPs/ANPs seeing children diagnosed with **TONSILLITIS** in the primary care setting. The clinical examination of the child will deem them high/intermediate/low risk and as such will aid the decision as to the appropriate health care support. Use in conjunction with Wessex pathway:

[Healthier Together Fever/High temperature Primary Care Pathway](#)

This decision making pathway is not a substitute for the exercise of professional/clinical judgement.

Normal Paediatric Values		
PEWS ranges	Resp rate at rest (b/min)	Heart rate (bpm)
< 1 year	30-60	90-160
1-4 years	20-50	90-140
5-12 years	20-30	70-120
>12 years	10-20	60-100

Child seen and assessed by ED/ GP / ANP

Child diagnosed with: **Tonsillitis OVER 6 MONTHS ONLY?**

Clinical Assessment

FeverPain Score – see over

- ? Fever in last 24 hours
- ? Purulence
- ? Attend rapidly under 3 days
- ? Inflamed tonsils
- ? No cough or coryza

High Risk

- ? Lethargic/difficult to rouse
- ? Pallor/cyanosis/pale /mottled
- ? **Temp $\geq 38^{\circ}\text{C}$ in 0-3 months.**
- ? Taking < 50% normal intake
- ? Stridor
- ? Drooling
- ? Difficulty in speaking
- ? Febrile convulsion
- ? CRT > 3 secs
- ? No Urine Output in 24 hours

Intermediate Risk

- ? Alert
- ? Intermittently miserable/drowsy
- ? Taking $\geq 50\%$ normal intake
- ? Reduced Urine output in 12 hours
- ? Hoarse voice
- ? Tender cervical lymphadenopathy
- ? Mild dehydration
- ? Tachypnoea
- ? Tachycardia
- ? CRT 2-3 secs
- ? **Temp $\geq 39^{\circ}\text{C}$ in 3-6 month**
- ? Concern about parents ability to monitor child's condition

Low Risk

- ? Alert
- ? Content
- ? Sore throat
- ? Pain resolves with analgesia
- ? Adequate fluid intake
- ? No Social concerns
- ? No cervical lymphadenopathy

Assess fever pain score (see over page) and treat accordingly and consult guidelines for fever:
[Fever / High Temperature | Physical Health - Safety Netting | Healthier Together](#)

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Refer to Paediatric Consultant Basingstoke/ Winchester or call **999**

Refer to **CHAT**. Use clinical judgement to determine the urgency of their review.
On call mob: 07785 283846

Provide written and verbal advice for care at home. Refer to:
[Fever / High Temperature | Physical Health - Safety Netting | Healthier Together](#)
 SMS leaflet to parent/carer option available on website

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FeverPAIN

People with a sore throat caused by streptococcal bacteria are more likely to benefit from antibiotics. FeverPAIN are clinical scoring tools that can help to identify the people in whom this is more likely.

FeverPAIN criteria – score 1 for each positive answer

- 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)

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

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.

(People who are most likely to benefit from an antibiotic (FeverPAIN score of 4 or 5)
Consider an immediate antibiotic prescription or a back-up antibiotic prescription with advice (see NICE Sore throat (acute):antimicrobial prescribing) P7 Jan 2018)

<https://www.nice.org.uk/guidance/ng84/resources/sore-throat-acute-antimicrobial-prescribing-pdf-1837694694085>