

Priorities of Clinical Assessment	History	RED FLAGS AND HIGH RISK GROUPS
<p>Febrile Child under 5 years of age - Assess and manage as per <a href="#">Fever Paediatric Pathway</a></p> <p>Most sore throats are caused by viral infections and will resolve without antibiotics</p>	<p>Fever</p> <p>Viral features - cough, cough, ulcers</p> <p>Assess oral intake</p> <p>High risk group - immunosuppressed</p>	<p>Unwell/septic appearance</p> <p>Stridor</p> <p>Respiratory distress</p> <p>Trismus</p> <p>Drooling</p> <p>Muffled voice</p> <p><b>Torticollis</b></p>
Examination		
<p>Assess for fever</p> <p>Hydration status</p> <p>Oral ulcers</p> <p>Tonsillar exudate</p> <p>Tender anterior cervical lymphadenopathy</p> <p>Hepatosplenomegaly</p> <p>Features of Scarlet fever (see pictures)</p>		

Investigation	Management	Antibiotics		Send to hospital if
<ul style="list-style-type: none"> <li>Generally none required</li> <li>If high suspicion of group A strep consider swab</li> <li>If systematically unwell consider sepsis and investigate as appropriate</li> </ul>	<p>Simple analgesia - paracetamol, ibuprofen, diffiam</p> <p><a href="#">A to Z of Drugs   BNFC content published by NICE</a></p> <p>Maintain hydration</p>	<p><b>When to use Antibiotics:</b></p> <ul style="list-style-type: none"> <li>Systemically very unwell or high risk of complications (immediate antibiotics)</li> <li>&lt; 3 years                             <ul style="list-style-type: none"> <li>Only use antibiotics if complications present</li> <li>See also <a href="#">Fever Paediatric Pathway</a></li> </ul> </li> <li>If ≥ 3 years old consider use of clinical screening tool e.g. FeverPAIN, CENTOR McIsaac (modified Centor)</li> <li>≥ 3 years use FeverPAIN to assess symptoms:                             <ul style="list-style-type: none"> <li>FeverPAIN 0-1: no antibiotic</li> <li>FeverPAIN 2-3: no or back-up antibiotic</li> <li>FeverPAIN 4-5: immediate or back-up antibiotic</li> </ul> </li> </ul> <p><b>FeverPAIN criteria (score 1 for each)</b></p> <ul style="list-style-type: none"> <li>Fever (during previous 24 hours)</li> <li>Purulence (pus on tonsils)</li> <li>Attend rapidly (within 3 days after onset of symptoms)</li> <li>Severely inflamed tonsils (No cough or coryza inflammation of mucus membranes in the nose)</li> </ul>	<p>Antibiotics shorten symptoms by 16 hours over 7 days</p> <p><b>What Antibiotics to use:</b></p> <ul style="list-style-type: none"> <li>Penicillin 5 days/Amoxicillin for 5 days</li> <li>Clarithromycin for 5 days if penicillin allergy</li> </ul> <p>NB: Penicillin V suspension is often unpalatable, consider using tablets where possible, or change to amoxicillin suspension if not tolerated</p>	<p>Any red flag features</p> <p>Systemically unwell /concerns re sepsis</p> <p>Airway compromise</p> <p>Moderate/severe dehydration</p> <p>Significant pain not adequately managed with optimal simple analgesia</p> <p>High risk groups - immunocompromised (due to patient's condition or immunosuppressant medication)</p> <p>Peri-tonsillar abscess (Quinsy)</p>