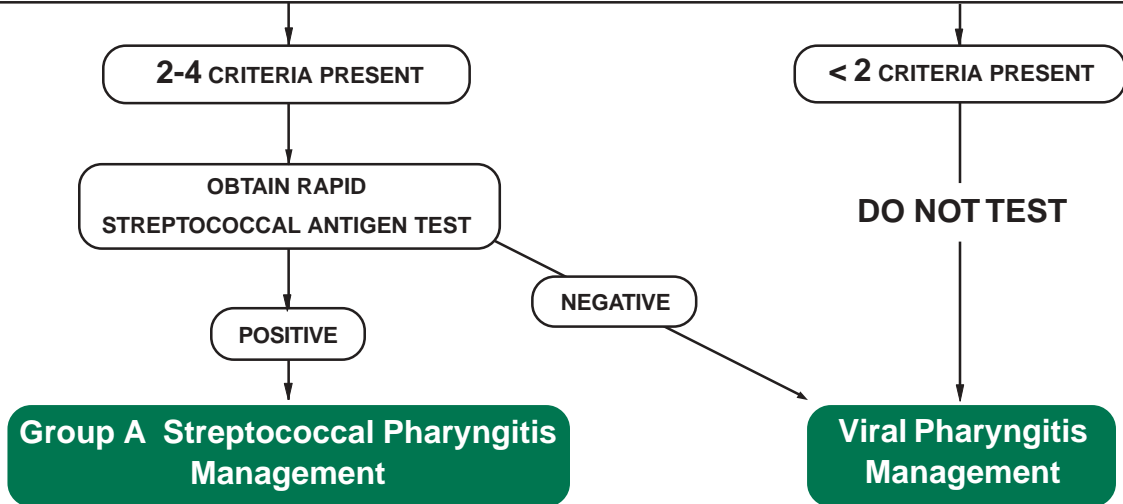


# Pharyngitis in Children & Adults

**Signs and symptoms:**

**1. Tonsillar exudate      2. Tender anterior cervical lymph nodes**  
**3. Absence of cough      4. Fever**



**Adults:** single-dose benzathine penicillin 1.2 m.u. IM *or* penicillin V 500 mg po bid x 10 days.  
**Pen-allergic adults:** erythromycin.

**Children <12 years:** single-dose benzathine penicillin 25,000 units/kg IM (max. dose 1.2 million units) *or* amoxicillin *or* penicillin V 45 mg/kg/day po divided bid or tid x 10 days.  
**Pen-allergic children:** erythromycin.

Macrolide use should be discouraged for initial therapy in patients that can tolerate beta-lactams.

*Children with streptococcal pharyngitis should not return to school or child care during the first 24 hours after beginning antimicrobial therapy. Follow-up throat culture is not recommended.*

90% of pharyngitis is viral in origin. Antibiotics benefit only the 10% of cases caused by Group A beta-hemolytic streptococcus.

Symptomatic treatments:

- Avoid cigarette smoke
- Gargle with dilute salt water
- Acetaminophen or ibuprofen as needed for fever or pain
- Throat lozenges (age-appropriate)
- Hydration—drink plenty of liquids
- Adequate rest

*For children, a negative rapid antigen test should be confirmed with a throat culture. Due to the lower incidence of strep infection and acute rheumatic fever in adults, a negative rapid test alone is sufficient to rule out Group A strep infection in adults.\**

\*According to Clinical Laboratory Improvement Amendments (CLIA) guidelines, throat culture should be performed if required by the manufacturer.