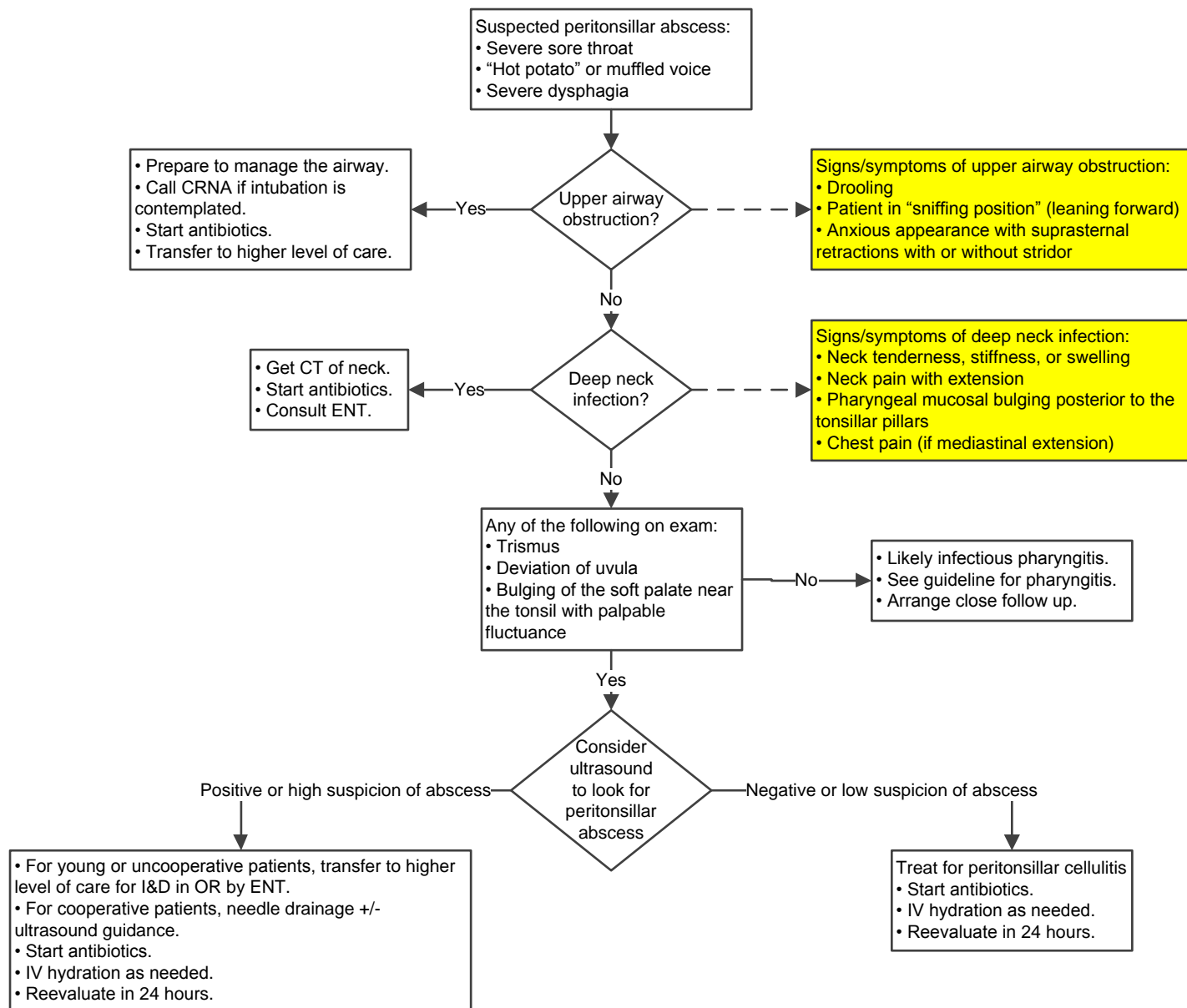


Considerations:

- Consider testing for oral GC/CT in at-risk populations.
- Testing for Group A streptococcal (GAS) pharyngitis is NOT recommended for acute pharyngitis with clinical features that strongly suggest viral etiology.
- Routine use of back-up cultures for those with a negative rapid test is not needed for adults; there is a low incidence of GAS in adults and risk of subsequent acute rheumatic fever is exceptionally low.
- It is NOT recommended to test for GAS in patients under the age of 3; the risk of rheumatic fever in this age group is exceptionally low.
- Patients are contagious for 24 hours after starting antibiotic treatment.
- Treatment for asymptomatic GAS carriers is not recommended, nor is testing or empiric treatment of household contacts.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 4/14/20.

If comments about this guideline, please contact Elizabeth_Bates@ykhc.org.



Antibiotics for peritonsillar abscess:

Ampicillin-sulbactam 3 grams IV q6h for adults and 50 mg/kg/dose (based on ampicillin, max 3 grams) IV q6h for pediatrics.

If penicillin allergic:

Clindamycin 600 mg IV q6h for adults and 13 mg/kg/dose (max 600 mg) IV q8h for pediatrics.

If severe disease:

Consider coverage for MRSA with vancomycin.

Once able to transition to oral:

Amoxicillin-clavulanate 875 mg PO BID for adults and 45 mg/kg/dose (max 875 mg) PO BID for pediatrics.

If penicillin allergic:

Clindamycin 300 mg PO 4 times daily for adults and 13 mg/kg/dose PO 3 times daily for pediatrics.

Total duration of treatment: 14 days

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