

Priorities of Clinical Assessment	History	RED FLAGS AND HIGH RISK GROUPS
<p>Febrile Child under 5 years of age - Assess and manage as per Fever Paediatric Pathway</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>Torticollis</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>	 <p>See Scarlet Fever</p>	

Investigation	Management	Antibiotics		Send to hospital if
<ul style="list-style-type: none"> • Generally none required • If high suspicion of group A strep consider swab • If systematically unwell consider sepsis and investigate as appropriate 	<p>Simple analgesia - paracetamol, ibuprofen, difflam</p> <p>A to Z of Drugs BNFC content published by NICE</p> <p>Maintain hydration</p>	<p>When to use Antibiotics:</p> <ul style="list-style-type: none"> • Systemically very unwell or high risk of complications (immediate antibiotics) • < 3 years <ul style="list-style-type: none"> – Only use antibiotics if complications present – See also Fever Paediatric Pathway • If ≥ 3 years old consider use of clinical screening tool e.g. FeverPAIN, CENTOR McIsaac (modified Centor) • ≥3 years use FeverPAIN to assess symptoms: <ul style="list-style-type: none"> – FeverPAIN 0-1: no antibiotic – FeverPAIN 2-3: no or back-up antibiotic – FeverPAIN 4-5: immediate or back-up antibiotic <p>FeverPAIN criteria (score 1 for each)</p> <ul style="list-style-type: none"> • 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) 	<p>Antibiotics shorten symptoms by 16 hours over 7 days</p> <p>What Antibiotics to use:</p> <ul style="list-style-type: none"> • Penicillin 5 days/Amoxicillin for 5 days • Clarithromycin for 5 days if penicillin allergy <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>