

INCLUSION CRITERIA

Patients aged ≥ 3 years
presenting with sore throat

EXCLUSION CRITERIA

- Toxic appearance
- Difficulty opening mouth (trismus)
- Uvular deviation
- Drooling
- Pain with flexion & extension
- Peritonsillar abscess
- Visible ulceration
- Immunocompromised
- Cystic Fibrosis

MEASURES

- Treat only patients with a positive Rapid Strep Antigen or PCR

ADDITIONAL CONSIDERATIONS

- Testing asymptomatic household contacts is not routinely recommended
- Consider oropharyngeal STI testing in sexually active patients; treat as indicated
- Recommend PCP eval if there are symptomatic siblings at home
- Consider other common pathogens if symptoms persist

PENICILLIN ALLERGY DEFINITION¹

- Mild PCN allergy type IV: Delayed maculopapular rash without urticaria, blistering, desquamation, mucosal involvement, systemic symptoms)
- Severe PCN allergy (type I/IgE mediated): Allergist confirmed history of urticaria, angioedema, wheezing, respiratory distress or anaphylaxis.

COINFECTION GUIDANCE

Antibiotic treatment

- **AOM:** Amoxicillin 45 mg/kg/dose BID for 10 days
- **Sinusitis:** Refer to Acute Sinusitis pathway
- **Recurrent strep pharyngitis within 30 days:** refer to standard recommended treatment.

Initial history & exam

Symptoms suggestive of Group A Strep:

- Fever
- Pharyngeal exudate or erythema
- Tonsillar swelling
- Anterior cervical lymphadenopathy
- Scarletiform Rash
- Palatal Petechiae
- Strawberry Tongue

Symptoms more suggestive of viral illness?
Cough, rhinorrhea and/or conjunctivitis

Yes

- Consider alternative viral diagnosis
- Complete rapid antigen POCT/PCR if clinically reasonable

Disposition

Supportive care

No

Rapid Antigen POCT or PCR

Negative

Positive

- Do not start antibiotics
- AND/OR**
- If **rapid antigen** negative send culture or confirmatory PCR

Disposition

- Provide related educational resources
- If symptoms persist for > 72 hours, the patient should be re-evaluated

Antibiotic Treatment Duration: 10 days

- First line:
 - PO Amoxicillin
- Mild PCN Allergy¹:
 - PO Cephalexin
- Severe PCN Allergy¹:
 - PO Clindamycin

Medications

Medication	Route	Dose	Max Dose	Duration
Amoxicillin	PO	50 mg/kg/dose daily	1000 mg	10 days
Clindamycin	PO	7 mg/kg/dose TID	300 mg	10 days
Cephalexin	PO	20 mg/kg/dose BID	500 mg	10 days

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (5/19/2026): Go Live.

Questions about this pathway should be directed to clinicalpathways@nemours.org.

AUTHORS & REFERENCES

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- Chiappini E, Simeone G, Bergamini M, et al. Treatment of acute pharyngitis in children: an Italian intersociety consensus (SIPPS-SIP-SITIP-FIMP-SIAIP-SIMRI-FIMMG). *Ital J Pediatr*. 2024;50(1):235. Published 2024 Nov 6. doi:10.1186/s13052-024-01789-5
- Kanagasabai A, Evans C, Jones HE, et al. Systematic review and meta-analysis of the accuracy of McIsaac and Centor score in patients presenting to secondary care with pharyngitis. *Clin Microbiol Infect*. 2024;30(4):445-452. doi:10.1016/j.cmi.2023.12.025
- Pellegrino R, Timitilli E, Verga MC, et al. Acute pharyngitis in children and adults: descriptive comparison of current recommendations from national and international guidelines and future perspectives. *Eur J Pediatr*. 2023;182(12):5259-5273. doi:10.1007/s00431-023-05211-w
- Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2012;55(10):e86-e102. doi:10.1093/cid/cis629

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- Patients with positive strep should stay home from school until they have been treated with antibiotics for 12 hours and fever free

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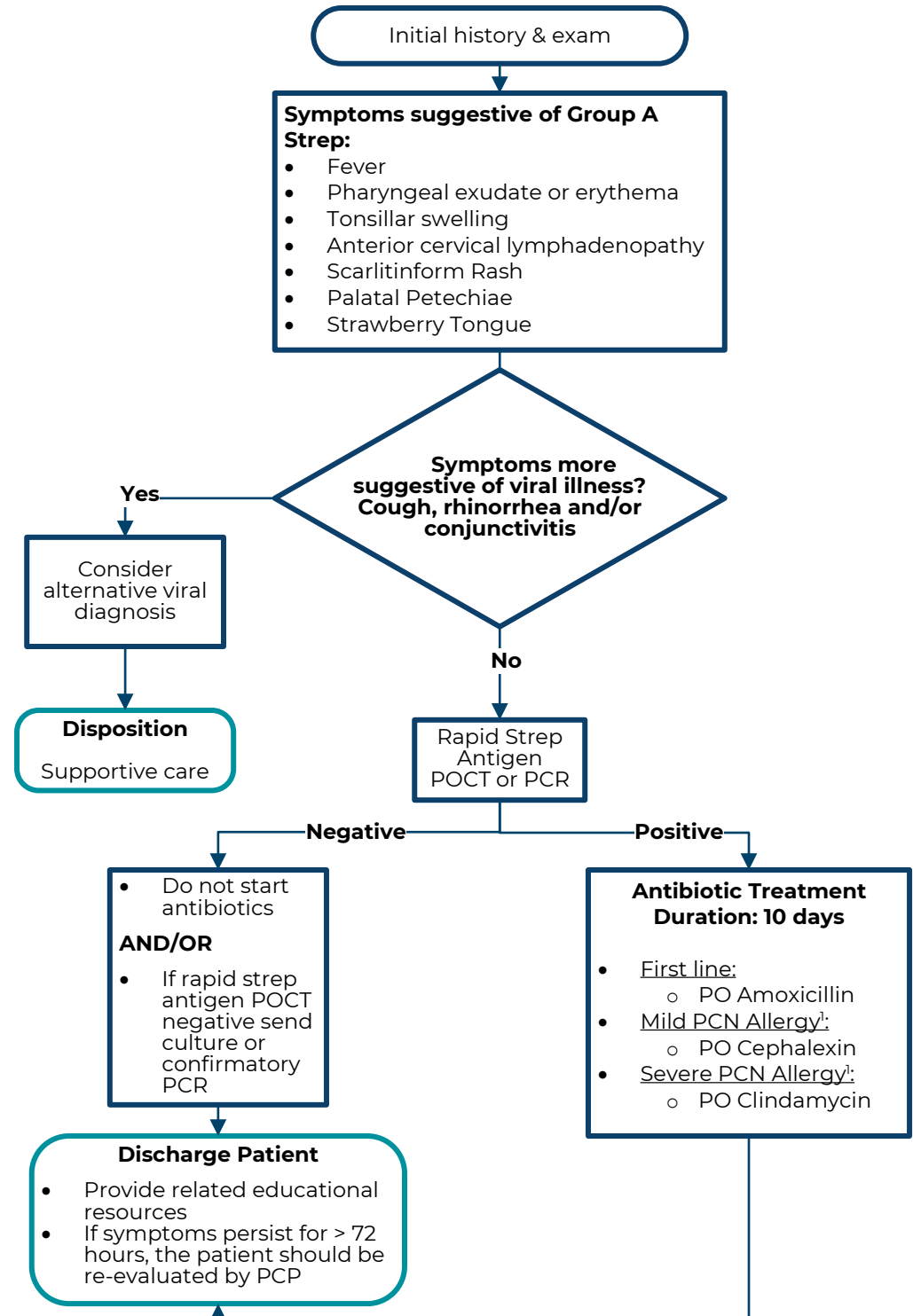
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DISCHARGE CRITERIA

- Improving vital signs as expected for degree of fever
- Handling own secretions
- Tolerating PO



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No antibiotic therapy for strep
throat within the past 90 days

EXCLUSION CRITERIA

- History of multiple episodes or recurrent strep requiring treatment with alternate antibiotic therapy (i.e. Clindamycin)
- History of Strep Carrier state
- Patient currently on antibiotic therapy for strep and has worsening symptoms

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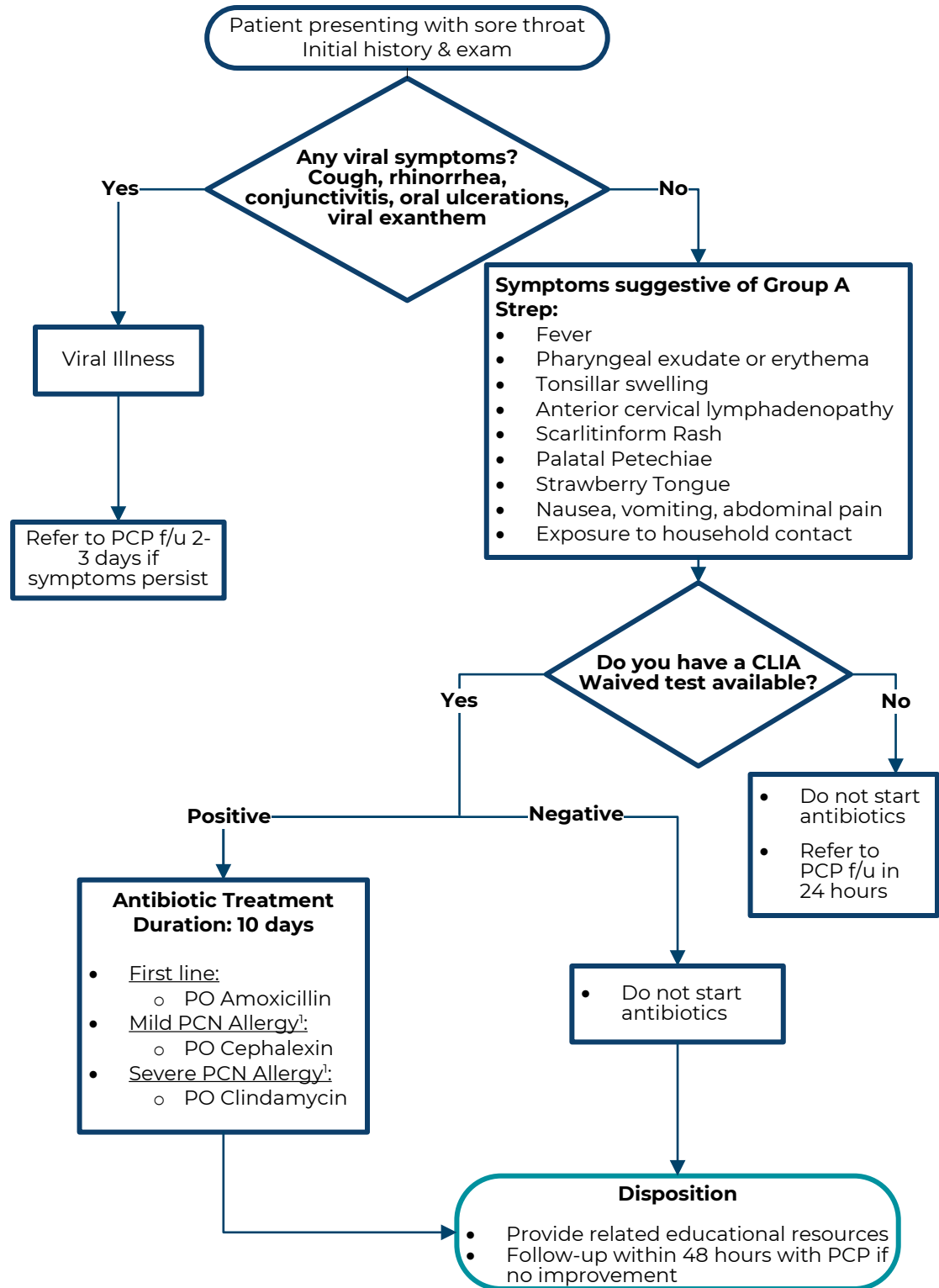
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