



Acute febrile sore throat requiring analgesia, IV hydration +/- antibiotics

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> Impending airway obstruction or high suspicion of deep neck space collection/infection e.g. <ul style="list-style-type: none"> Stridor Trismus Drizzling/unable to tolerate own secretions Inability to lie flat Quinsy (refer ENT) 	<ul style="list-style-type: none"> Low-mod suspicion of other deep neck space infection e.g. retropharyngeal abscess – depending on clinical picture some cases can be admitted by ED consultant to SSU for imaging (CT neck) Tonsillitis is rare in older populations i.e. age > 50 – consider other pathology

KEY CONSIDERATIONS DURING SSU ADMISSION

- Analgesia
 - Paracetamol 1g Q6H po
 - NSAID: Ibuprofen 400mg Q8H po or aspirin (dissolvable) 600mg TDS Q8H po
 - Oxynorm 5mg QID po prn
 - Lignocaine viscus gargle – 10mls in 1 cup water QID
- Antibiotics
 - IV Benzylpenicillin 1.2g Q6H or IV Cefazolin 2g TDS
- Steroid: Dexamethasone 8mg IV Q12H
- IV hydration – check UECs
- Consider infectious mononucleosis – IM screen, LFTs, FBE/CRP

REFERRAL CRITERIA (ENT)

- Ongoing abnormal or worsening vital signs
- Pathology identified on imaging or lab results requiring admission
- Increasing analgesic requirement
- Deteriorating symptoms

DISCHARGE CRITERIA

- Normal vital signs
- No acute pathology identified on imaging and normal/improving lab investigations
- Tolerating oral intake
- Adequate social support

DISCHARGE REQUIREMENTS

- Patient education e.g. analgesia usage and hydration requirements
- Follow up plan - LMO for review within the week
- Re-attendance advice + information sheet
- Medical certificate
- Prescription for discharge medications as indicated
 - Frequently – Phenoxymethylpenicillin 500mg QID for 5 days
 - No ongoing antibiotics if IM screen positive