*Note:
- Testing children <3 years old is generally not indicated unless they present with signs & symptoms consistent with strep throat & have a household contact with a positive streptococcal rpaid antigen test or culture
- Streptococcal pharyngitis typically presents in winter/spring
- Fever is often present, but fever alone without sore throat makes streptococcal pharyngisits unlikely

Exclusion Criteria for CPG:
- Peritonsillar abscess
- Lymphadenitis (tender, swollen lymph nodes with overlying erythema)
- Retropharyngeal abscess (such as restricted neck movement secondary pain)
- Ludwig's angina (cellulitis of the floor of the mouth)

Exam findings consistent with streptococcal pharyngitis:
- Tonsillopharyngeal erythema
- tender anterior cervical nodes
- Tcarlitinform rash
- Tonsillar exudate
- Palatal petechiae
- Swollen red uvula

Patient ≥ 3 years of age with an acute onset sore throat

Is the pt free from **all** the following viral symptoms:
- Cough
- Hoarseness
- Coryza (rhinorrhea/nasal congestion)
- Conjunctivitis
- Viral exanthem
- Mouth ulcers
- Diarrhea

No → Viral etiology strongly suggested; Do not test
Provide symptomatic care

Yes

One or more exam findings consistent with streptococcal pharyngitis?

No → Do not test
Provide symptomatic care

Yes

Perform Rapid Antigen Detection Test (RADT)

Positive

Preferred treatment:
Amoxicillin 50mg/dose once daily for 10 days
Max Dose: 1gm
Children and Adolescents ≥20 kg;
1,000mg once daily for 10 days

Alternative Choice: Oral or IM benzathine penicillin

Non-severe penicillin allergy (hives):
Cephalexin 50mg/kg/day divided BID for 10days
Max: 1000mg/day

Serious penicillin allergy (anaphylaxis):
Clindamycin 30mg/kg/day divided TID for 10days
Max: 900mg/day

Negative

Do not treat with antibiotics
Await reflex culture
Provide sumptomatic care

Is the culture positive?

Yes → (Preferred treatment above)

No → Do not treat with antibiotics
Provide symptomatic care

Complications of streptococcal Pharyngitis

Therapies not recommended
- Aspirin
- Glucocorticoids
- Following antibiotic classes:
  - Fluoroquinolones
  - Tetracyclines
  - Sulfa
- 2nd and 3rd generation cephalosporins (unnecessarily broad spectrum)
- Macrolides are not recommended unless severe allergy to penicillin and cephalsporins exist. Resistance is well know and treatment failures related to macrolide resistance is well known and treatment failures related to macrolide resistance have occured.

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For additional information, link to synopsis