

## STANDARD TREATMENT WORKFLOW (STW)

# Pharyngitis and Sore Throat

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### CITATION

Thakar A, Mishra A, Ramesh A, Kochar H, Prasad BK, Bhargava A, Sagar P. Pharyngitis and Sore Throat. Journal of the Epidemiology Foundation of India. 2024;2(1Suppl):S165-S166.

DOI: <https://doi.org/10.56450/JEFI.2024.v2i1Suppl.083>

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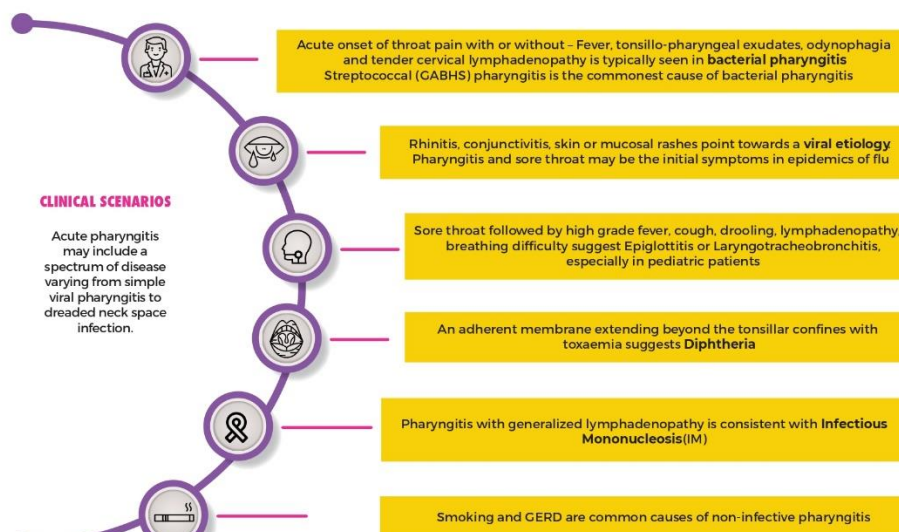
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October 2024

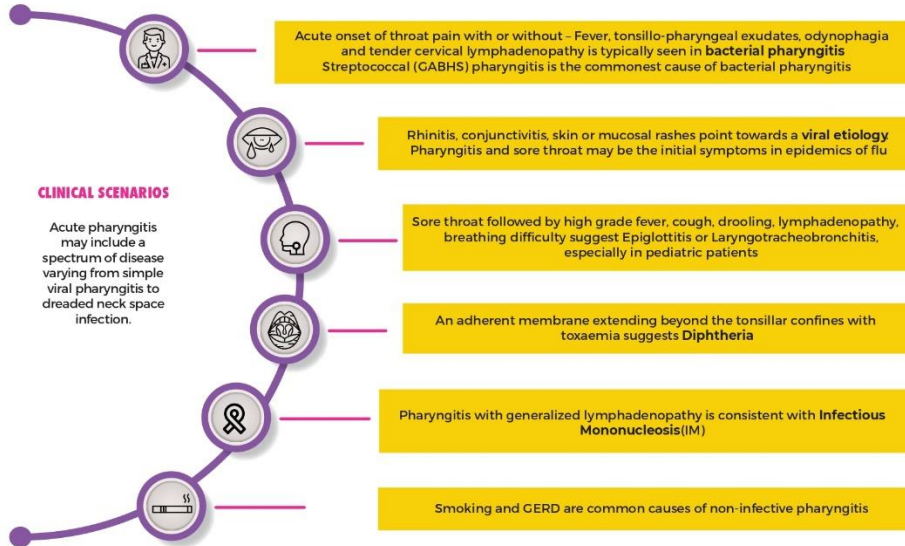


## Standard Treatment Workflow (STW) for the Management of PHARYNGITIS AND SORE THROAT

ICD-10-J02



**Standard Treatment Workflow (STW) for the Management of PHARYNGITIS AND SORE THROAT ICD-10-J02**



**CLINICAL EXAMINATION**

**PRELIMINARY**

- Temperature chart: fever is usually absent or low-grade in viral pharyngitis
- Check for vitals/ signs of dehydration due to compromised oral intake due to odynophagia
- Complete oral and oropharyngeal examination with tongue depressor
- Palpate for cervical and generalized lymphadenopathy
- Rheumatic fever and acute glomerulonephritis are potential systemic complications of streptococcal pharyngitis
- Hepatosplenomegaly can be found in IM
- A sandpapery scarlatiniform rash may be seen in GABHS infection whereas maculopapular rashes are seen with various viral infections and with IM empirically treated with penicillin

**DESIRABLE**

Assess Centor criteria and ascertain its score

**RED FLAGS**

- Generalized lymphadenopathy
- Cardiac murmurs
- Purulent productive cough with tachypnea suggestive of LRTI
- Hot potato voice
- Unilateral tonsillar enlargement
- Tonsillar membrane going beyond its confines
- Agranulocytosis
- Epidemic of flu

CLINICAL FEATURES	CENTOR SCORE	UNLIKELY TO HAVE GABHS	LIKELY TO HAVE GABHS	REQUIRE LAB TESTS TO CONFIRM GABHS INFECTION
Fever	1	Score = 0-1	Score = 4	Score = 2-3
Anterior cervical lymphadenopathy	1			
Tonsillar exudate	1			
Absence of cough	1			

**INVESTIGATIONS**

ESSENTIAL	OPTIONAL	DESIRABLE
Throat swab for culture, routine hemogram including total and differential leukocyte counts and peripheral smear to look for atypical lymphocytes (seen in IM).	GABHS rapid antigen detection test (RADT)	Lab tests to rule out EB Virus, Coxsackie virus, Herpes virus, fungal or Gonococcal pharyngitis

**MANAGEMENT**

PHC / PRIMARY LEVEL	DISTRICT HOSPITAL
<ol style="list-style-type: none"> <li>Assess the patient for signs of toxicity, epiglottitis or oropharyngeal abscess</li> <li>Ensure vitals/ hydration of the patient</li> <li>Saltwater gargle, warm liquids, and rest may be helpful in relieving symptoms</li> <li>Ibuprofen or Paracetamol is recommended for analgesia</li> <li>Antibiotic therapy:                             <ol style="list-style-type: none"> <li>Patients positive for all 4 Centor criteria to be treated with antibiotics without waiting for antigen testing or cultures</li> <li>Patients with Centor score of 2-3 to be treated with antibiotics only if antigen testing or throat swab culture is positive</li> <li>Patients with Centor score of only 1 not to be treated with antibiotics</li> <li>Amoxicillin (50 mg/kg/d in 2-3 doses orally) for 10 days is the first choice for GABHS infection. For patients who are sensitive for penicillin group, Erythromycin or Azithromycin is the antibiotic of choice</li> </ol> </li> <li>Parenteral antibiotics (Ceftriaxone/ cefotaxime) and steroids are to be started when the airway is compromised due to suspected epiglottitis/ Croup.</li> </ol>	<p>Management of complication e.g.</p> <ul style="list-style-type: none"> <li>Deep neck space infection</li> <li>Diphtheria</li> <li>Epiglottitis</li> <li>Croup</li> </ul>

**FOLLOW UP SERVICES**

Recurrent (more than 7 episodes in previous year or 5/year in last two years or 3/year in last 3 years) tonsillitis episodes need to be evaluated for tonsillectomy.

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

**ABBREVIATIONS**

**GABHS:** Group A Beta Hemolytic Streptococcus  
**GERD:** Gastro Esophageal Reflux Disease  
**LRTI:** Lower Respiratory Tract Infection

**EB:** Epstein Barr  
**RADT:** Rapid Antigen Detection Test

**REFERENCES**

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.  
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