City and Hackney Tonsillitis Urgent Care Pathway

Homerton University Hospital NHS Foundation Trust

City and Hackney Clinical Commissioning Group

Clinical Presentation

History – Sore throat, swollen neck glands, cough, coryza, dysphagia, headache, fever, malaise, nausea, vomiting, rash, abdominal pain, risk factors of immunosuppression

Examination – Temp, HR ,RR, BP, cervical lymph nodes, oedema and/or erythema of pharynx, enlarged erythematous tonsils (with or without exudate) laryngeal oedema, petechial spots on hard and soft palate

NB. Features favouring bacterial infection: absence of other upper respiratory tract symptoms, purulent exudate, tender anterior cervical lymph nodes, fever and rash

Secondary Care Management

Consider immediate referral to hospital if:

- Sore throat with stridor, respiratory difficulties or upper airway obstruction
- If drooling, muffled voice, systemic upset – suspect epiglottitis and avoid examination of the throat
- Vomiting with dehydration or inability to tolerate oral fluids
- Severe suppurative complications
- Unilateral enlargement (fast track suspected neoplasia)
- Peritonsillar abscess or cellulitis
- Parapharyngeal or retropharyngeal abscess
- Significant systemic upset
- At risk of immunosuppression
- Severe oral mucositis
- Cavernous sinus thrombosis, sphenoid sinusitis, meningitis, encephalitis or other conditions

Suspect severe Complication e.g. airway compromise, severe sepsis, intracranial Sepsis – Call **999**

Suspect **abscess** formation – Refer to Royal London Hospital or Royal National Throat, Nose and Ear Hospital

Otherwise, refer the patient to Homerton ED after calling to discuss with the Doctor in Charge.

If patient is not responding to treatment, reconsider differential diagnosis (see below) or refer to secondary care

Primary Care Management

- Encourage rest, consider Paracetamol for pain or fever, or if preferred and suitable, ibuprofen (these can be purchased OTC) and oral rehydration.
- Use the **Centor** or **FeverPAIN** clinical prediction score to assist the decision on whether to prescribe an antibiotic. See NICE visual summary Sore throat (acute): antimicrobial prescribing for prescribing information of antibiotic choices

Review

- Review patient response (either by phone or in person) within 24-48 hours or earlier if symptoms deteriorate.
- Give patients clear advice on indication for review, i.e. Ongoing fever, inability to Tolerate fluids despite antibiotics or development of more severe systemic symptoms.
- If patients respond to treatment ensure full 10-day course of antibiotics is taken and to seek help if symptoms worsen.

Complications of acute tonsillitis:

- Otitis media
- Rhinosinusitis
- Peritonsillar abscess
- Parapharyngeal abscess
- Retropharyngeal abscess
- Metastatic infection – meningitis, mastoiditis, septicaemia
- Toxic shock syndrome
- Rheumatic fever
- Post-streptococcal glomerulonephritis
- Post-streptococcal reactive arthritis
- Pulmonary infections

Differential Diagnosis of acute tonsillitis:

- Rhinosinusitis
- Epiglottitis
- Infectious mononucleosis
- Malignancy (suspect if there is unilateral enlargement and subacute or chronic symptoms, or if swelling is painless)
- Embedded foreign body

Authors: May Cahill (GP Clinical Lead), January 2015
Reviewed: Ben Molyneux (GP Clinical Lead) Dr Robin Whittaker (Locum Consultant Microbiologist), April 2019
Review date: April 2021