If the person:
is systemically very unwell, or
has symptoms and signs of a more serious illness or condition, or
has high risk of complications

Offer an immediate antibiotic prescription

Refere to hospital if:
• severe systemic infection, or
• severe complications

Evidence on antibiotics
• Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
• Withholding antibiotics is unlikely to lead to complications
• Possible adverse effects include diarrhoea and nausea

Self-care
• Consider paracetamol for pain or fever, or if preferred and suitable, ibuprofen
• Drink adequate fluids
• Some evidence that medicated lozenges can help reduce pain in adults
• No evidence was found for non-medicated lozenges, mouthwashes, or local anaesthetic mouth spray on its own

FeverPAIN score
• Fever, Purulence, Attend within 3 days or less, Severely Inflamed tonsils, No cough or coryza
1 point for each

Centor score
• Tonsillar exudate, Tender anterior cervical lymphadenopathy or lymphadenitis, History of fever (>38°C), No cough
1 point for each

First published: January 2018
# Sore throat (acute): antimicrobial prescribing

## Choice of antibiotic: adults aged 18 years and over

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dosage and course length for adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First choice</strong></td>
<td></td>
</tr>
<tr>
<td>Phenoxymethylpenicillin</td>
<td>500 mg four times a day or 1000 mg twice a day for 5 to 10 days</td>
</tr>
<tr>
<td><strong>Alternative first choices for penicillin allergy or intolerance</strong></td>
<td></td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>250 mg to 500 mg twice a day for 5 days</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days</td>
</tr>
</tbody>
</table>

1. See [BNF](https://www.gov.uk/government/publications/national-formulary) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding.
2. Doses given are by mouth using immediate-release medicines, unless otherwise stated.
3. Erythromycin is preferred in women who are pregnant.

## Choice of antibiotic: children and young people under 18 years

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dosage and course length for children and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First choice</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Phenoxymethylpenicillin | 1 to 11 months: 62.5 mg four times a day or 125 mg twice a day for 5 to 10 days  
1 to 5 years: 125 mg four times a day or 250 mg twice a day for 5 to 10 days  
6 to 11 years: 250 mg four times a day or 500 mg twice a day for 5 to 10 days  
12 to 17 years: 500 mg four times a day or 1000 mg twice a day for 5 to 10 days |
| Clarithromycin | 1 month to 11 years:  
Under 8 kg: 7.5 mg/kg twice a day for 5 days  
8 to 11 kg: 62.5 mg twice a day for 5 days  
12 to 19 kg: 125 mg twice a day for 5 days  
20 to 29 kg: 187.5 mg twice a day for 5 days  
30 to 40 kg: 250 mg twice a day for 5 days  
or  
12 to 17 years: 250 mg to 500 mg twice a day for 5 days |
| Erythromycin | 1 month to 1 year: 125 mg four times a day or 250 mg twice a day for 5 days  
2 to 7 years: 250 mg four times a day or 500 mg twice a day for 5 days  
8 to 17 years: 250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days |

1. See [BNF for children](https://www.gov.uk/government/publications/national-formulary) for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.
2. The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age. Doses given are by mouth using immediate-release medicines, unless otherwise stated.
3. Erythromycin is preferred in young women who are pregnant.

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.