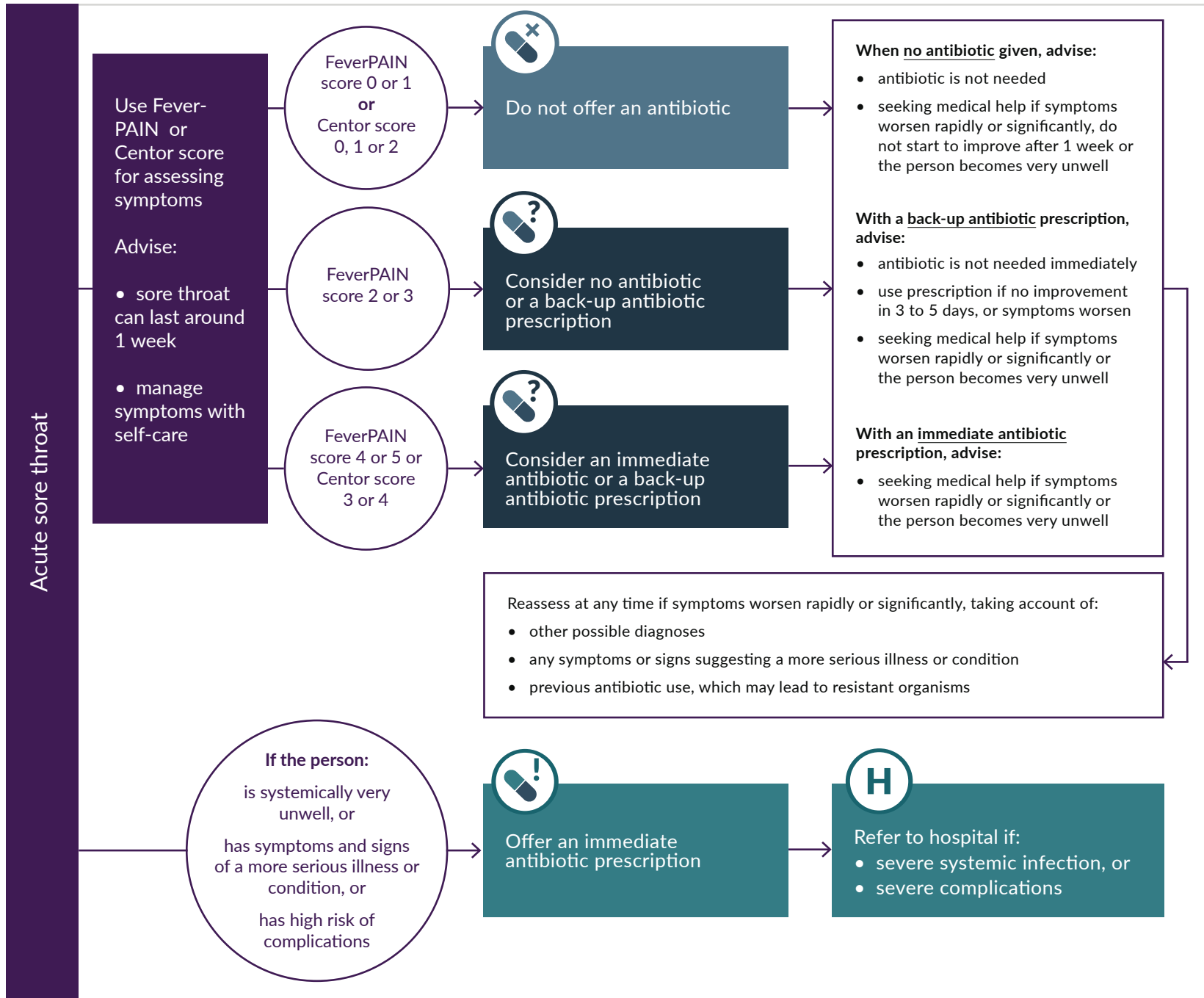


Sore throat (acute): antimicrobial prescribing



i 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

🩹 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

🦠 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

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Sore throat (acute): antimicrobial prescribing

Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length for adults ²
First choice	
Phenoxymethylpenicillin ³	500 mg four times a day or 1000 mg twice a day for 5 to 10 days
Alternative first choices for penicillin allergy or intolerance ⁴	
Clarithromycin	250 mg to 500 mg twice a day for 5 days
Erythromycin	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 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 Five days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day course may increase the chance of microbiological cure. ⁴ Erythromycin is preferred in women who are pregnant.	

Choice of antibiotic: children and young people under 18 years

Antibiotic ¹	Dosage and course length for children and young people ²
First choice	
Phenoxymethylpenicillin ³	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
Alternative first choices for penicillin allergy or intolerance ⁴	
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 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 Five days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day course may increase the chance of microbiological cure. ⁴ 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.