Abrupt onset of sore throat Headache Myalgia       Pathy tonsiliopharyngeal exudate Anterior cervical adentits (tender nodes) Tonsiliopharyngeal inflammation Pever >100.4 F       Conjunctivitis Anterior cervical adentits (tender nodes) Tonsiliopharyngeal inflammation Pever >100.4 F       Conjunctivitis Pathata Petechia Scarlatiniform rash       Oral ulcers Rhinorrhea Cough       Oral ulcers Rhinorrhea Cough         Test       Test       Treat       Symptomatic Reflet/ Adequate fluid intake Anterior cervical adentits (tender nodes) Scarlatiniform rash       Rest Adequate fluid intake Anterior cervical adentits Cough       Adequate fluid intake Adequate fluid intake Adequate fluid intake Adequate fluid intake Anterior symptoms highly indicative of GAS       Throat culture positive Throat culture positive Known exposure 2 weeks prior to symptom onset       Rest Adequate fluid intake Anti-pyretics (no ASA under age 2) Magic mouthwash Medicated throat lozenges/sprays (nor recommended in children/adolescents) > 6/r/s of age: gargle with warm salt water > 3/ris of age: sucking on hard candy         *** **See Attached Testing & Treatiment Flow Diagram       Pen VK 500mg PO BID Amoxicillin 500mg PO BID Pen VK 500mg PO BID Pen VK 500mg PO BID Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 days Pencillin G Benzathine (<27Kg) single IM dose 600.000 10 days       10 day	Symptom	IS	Physical Exam			Viral Features		
Myalgia Occasionally nausea/vomiting/abdominal pain followed by spontaneous resolution in 2-5 days       Tonsiliopharyngeal inflammation Fever >100.4 F Palatal Petechia Scarlatiniform rash       Coryza Cough       Viral exanthema Diarrhea         Test       Test       Teat       Cough       Cough       Diarrhea         Agid Diagnostic Test (RADT)       RADT positive (no back up culture needed)       Rest       Adequate fluid intake       Anti-pyretics (no ASA under age 2)         Throat Culture (age 3-15 only)       Throat culture positive       Throat culture positive       Anti-pyretics (no ASA under age 2)         Symptoms highly indicative of GAS       "Now nexposure 2 weeks prior to symptom onset       Medicated throat lozenges/sprays (not recommended in children/adolescents)       S fors of age: gargle with warm salt water         Symptoms highly indicative of GAS       "See Attached Testing & Treatment Flow Diagram       S fors of age: sucking on hard candy         *** See Attached Testing & Treatment Flow Diagram       S fors of age: sucking on hard candy       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (s27Kg 500mg BID)       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO anity (MAX 1gm/day)       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Cophalexin: Infant/Child 20mg/kg/dose PO BID (MAX 1gm/day)	Abrupt onset of sore throat		Patchy tonsillopharyngeal exudate			Conjunctivitis	Oral ulcers	
Occasionally nausea/vomiling/abdominal pain followed by spontaneous resolution in 2-5 days       Fever >100.4 F Patala Petechia Scarlatinform rash       Cough       Diarrhea         Test       Treat       Symptomatic Relief         Rapid Diagnostic Test (RADT)       RADT positive (no back up culture needed)       Rest       Adequate fluid intake         Throat Culture (age 3-15 only)       Throat culture positive       Now exposure 2 weeks prior to symptom onset       Rest       Adequate fluid intake         Symptoms highly indicative of GAS       Throat culture positive       Now exposure 2 weeks prior to symptom onset       Medicated throat lozenges/sprays (not recommended in children/adolescents)       > §/rs of age: sucking on hard candy         "*It is not recommended to test for GAS       *See Attached Testing & Treatment Flow Diagram       Pen VK 500mg PO BID       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (>27kg) single IM dose       10 days         Proferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg /O daily (MAX 1gm/day)       10 days         Proferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg /O daily (MAX 1gm/day)       10 days         Proferred Treatment       Pen VK 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX)       10 days         PCN allergic	Headache		Anterior cervical adenitis (tender nodes)			Rhinorrhea	Hoarseness	
Paint followed by spontaneous resolution in 2-5 days       Palatal Petechia Scarlatiniform rash         Test       Treat       Symptomatic Relief         Rapid Diagnostic Test (RADT)       RADT positive (no back up culture needed)       Rest         Adequate fluid intake       Anti-pyretics (no ASA under age 2)         Magic mouthwash       Medicated throat lozenges/sprays (not recommended to test for GAS         "It is not recommended to test for GAS       "See Attached Testing & Treatment Flow Diagram       Pediatrics       Duration         Preferred Treatment       Pen VK 500mg PO BID Amoxicillin 1000mg PO daily QR 500mg PO BID 1.2 million units       Duration       Pen VK 250mg PO BID (27/kg 500mg BID)       Duration 10 days 10 days         PCN allergic (anaphylactic response)       Cephalexin 500mg PO BID 20 days 2-5 Cindamycin 300mg PO BID       10 days 10 days 10 days       Pen VK 250mg PO BID (27/kg 500mg BID) 10 days       10 days 10 days 10 days         PCN allergic (anaphylactic response)       Cephalexin 500mg PO BID 20 mays 2-5 Cindamycin 300mg PO TID       10 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily 3 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily 3 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily 3 days 10 days         PCN allergic (anaphylactic response)       Azithromycin (2-16 yrs of age) 500mg on day one, 25 days       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily 3 days 10 days </td <td colspan="2">Myalgia</td> <td colspan="3"></td> <td></td> <td></td> <td>ema</td>	Myalgia							ema
2-5 days       Scarlatiniform rash         Test       Treat       Symptomatic Relief         Rapid Diagnostic Test (RADT)       RDT positive (no back up culture needed)       Rest         Throat Culture (age 3-15 only)       Throat culture positive       RaDT positive (no back up culture needed)       Rest         Symptoms highly indicative of GAS       Throat culture positive       Throat culture positive       Rest         "It is not recommended to test for GAS       "See Attached Testing & Treatment Flow Diagram       Syms of age: gargle with warm salt water         "Stee Attached Testing & Treatment Flow Diagram       > Syns of age: sucking on hard candy         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (MAX 1gm/day)       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (MAX 1gm/day)       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Somg/dose)       10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Somg/dose)       10 days         PCN allergic (non-anaphylactic response)       Azithromycin (>16 yrs of age) 500mg on day one, 25 days       1 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily       3 days         (mon-anaphylactic response)       Cephalexin 500	Occasionally nausea/vomiting/abdominal					Cough	Diarrhea	
Test       Treat       Symptomatic Relief         Rapid Diagnostic Test (RADT)       RADT positive (no back up culture needed)       Rest         Throat Culture (age 3-15 only)       Throat culture positive       Adequate fluid intake         Symptoms highly indicative of GAS       Known exposure 2 weeks prior to symptom onset       Medicated throat lozenges/sprays (not recommended in children/adolescents)         **'It is not recommended to test for GAS under the age of 3       **See Attached Testing & Treatment Flow Diagram       Medicated throat lozenges/sprays (not recommended in children/adolescents)         **Throat culture positive       **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Duration       Pen VK 250mg PO BID       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (27Kg 500mg BID)       10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       50		ous resolution in						
Rapid Diagnostic Test (RADT)       RADT positive (no back up culture needed)       Rest         Throat Culture (age 3-15 only)       Throat culture positive       Adequate fluid intake         Symptoms highly indicative of GAS       Known exposure 2 weeks prior to symptom onset       Magic mouthwash         ""It is not recommended to test for GAS       "See Attached Testing & Treatment Flow Diagram       > Syrs of age: pargle with warm salt water         ""See Attached Testing & Treatment Flow Diagram       > Syrs of age: sucking on hard candy         Preferred Treatment       Pen VK 500mg PO BID       10 days         Preferred Treatment       Pen VK 500mg PO BID       10 days         Pon VK 100mg PO BID       10 days       Pen VK 250mg PO BID       10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Pen VK 500mg/dose)       10 days         PCN allergic (naphylactic response)       Azithromycin (>16 yrs of age) 500mg on day one, 25 Gildamycin 300mg PO TID       5 days       Azithromycin (>16 yrs of age) 500mg on day one, 25 Gildamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       3 days         Glucocorticoids:       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults       3 days         "Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology       10 days         PC	-							
Throat Culture (age 3-15 only)       Adequate fluid intake         Symptoms highly indicative of GAS       Throat culture positive       Anti-pyretics (no ASA under age 2)         Known exposure 2 weeks prior to symptom onset       Medicated throat lozenges/sprays (not recommended in children/adolescents)         ***th is not recommended to test for GAS       **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: sold age: sucking on hard candy         Preferred Treatment       Pen VK 500mg PO BID       10 days         Amoxicillin 1000mg PO daily <u>OR, 500mg PO BID</u> 10 days         Amoxicillin 6 Benzathine (>27kg) single IM dose       1 dose         PCN allergic (non-anaphylactic response)       Cephalexin in(>216 yrs of age) 500mg on day one.       5 days         Consider response)       Azithromycin (>16 yrs of age) 500mg on day one.       5 days         Consider response)       Azithromycin (>16 yrs of age) 500mg on day one.       5 days         Consider response)       Azithromycin (>16 yrs of age) 500mg on day one.       5 days         Consider response)       Azithromycin (>16 yrs of age) 500mg on day one.       5 days         Consider response)       Azithromycin (>16 yrs of age) 500mg on day one.       5 days         Consider response)       Cephalexin: Infant/Child 20mg/kg/dose PO							nptomatic Relief	
Throat Culture (age 3-15 only)       Throat culture positive       Anti-pyretics (no ASA under age 2)         Symptoms highly indicative of GAS       Known exposure 2 weeks prior to symptom onset       Magic mouthwash         **It is not recommended to test for GAS       **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water > 3yrs of age: sucking on hard candy         **Throat Culture (age 3-15 only)       **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: sucking on hard candy         **Throat Culture (age 3-15 only)       **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: sucking on hard candy         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: sucking on hard candy       > 0 days         Preferred Treatment       Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (>27kg 500mg BID)       10 days         PCN allergic       Cephalexin 500mg PO BID       10 days       1 dose       Penicillin G Benzathine (<27kg) single IM dose 600,000	Rapid Diagnostic Test (RA	DT)	RADT positive (no back up cult	ture needed)				
Symptoms highly indicative of GAS       Known exposure 2 weeks prior to symptom onset       Magic mouthwash Medicated throat lozenges/sprays (not medicated throat lozendes/ medicated throat lozendes/ medicated throat lozenges/sprays medicated throat lozenges/sprays medicated throat loze	Throat Culture (age 3-15 c	 nlv)	Throat culture positive					
Symptoms highly indicative of GAS       Known exposure 2 weeks prior to symptom onset       Medicated throat lozenges/sprays (not recommended in children/adolescents) > 6yrs of age: gargle with warm salt water > 3yrs of age: gargle with warm salt water > 3yrs of age: sucking on hard candy         **It is not recommended to test for GAS         **It is not recommended in children/adolescents)         Medicated throat lozenges/sprays (not recommended in children/adolescents)         Symptoms highly indicative of GAS         **See Attached Testing & Treatment Flow Diagram         Preferred Treatment       Pen VK 500mg PO BID         Adults       Duration         Perferred Treatment       Pen VK 500mg PO BID       10 days         Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (MAX 1gm/day)       10 days         Pen VK 500mg PO BID       10 days       Pen VK 250mg PO BID (MAX 1gm/day)       10 days         Amoxicillin GBenzathine (>27kg) single IM dose       10 days       Cephalexin 500mg PO BID       10 days         Compare Somg PO and gas 2-5       Cilindamycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5								
***See Attached Testing & Treatment Flow Diagram       > 6yrs of age: gargle with warm salt water         > 3yrs of age: sucking on hard candy         **See Attached Testing & Treatment Flow Diagram       > 6yrs of age: sucking on hard candy         Preferred Treatment       Adults       Duration         Pen VK 500mg PO BID Amoxicillin 1000mg PO daily <u>OR 500mg</u> PO BID Penicillin G Benzathine (>27kg) single IM dose       10 days         Pen VK 250mg PO BID (227kg 500mg BID) Amoxicillin 1000mg PO BID       10 days         Pen VK 12 million units       1 dose         Pen VK 12 million units       1 dose         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID 250mg PO and ays 2-5 Clindamycin 300mg PO TID       10 days         CONSIDERATIONS       Azithromycin (>16 yrs of age) 500mg on day one, 250mg PO and ays 2-5 Clindamycin 300mg PO TID       5 days 10 days         Glucocorticoids: No evidence of benefit in children/adolescents; short term dose may be beneficial in adults         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology         • Testing for GAS is NOT recommended for acute pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low	Symptoms highly indicative	e of GAS	Known exposure 2 weeks prior	to symptom	onset	Medicated throat lozenges/sprays (not recommended in children/adolescents)		
ander the age of 3       > 3yrs of age; sucking on hard candy         Antibiotic Selection         Adults       Duration       > 3yrs of age; sucking on hard candy         Preferred Treatment       Pen VK 500mg PO BID Amoxicillin 1000mg PO daily <u>OR 500mg</u> PO BID Penicillin G Benzathine (>27kg) single IM dose       Pen VK 250mg PO BID (>27kg 500mg BID) Amoxicillin 500mg/kg PO daily (MAX 1gm/day)       10 days Penicillin G Benzathine (>27kg) single IM dose       10 days 10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days 10 days       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300mg PO TID       Azithromycin (>16 yrs of age) 500mg on day one, 200mg PO nd days 2-5 Clindamycin 300								/
Antibiotic Selection         Preferred Treatment       Pen VK 500mg PO BID Amoxicillin 1000mg PO daily <u>OR 500mg PO BID</u> Amoxicillin 6 Benzathine (>27kg) single IM dose       10 days 10 days       Pen VK 250mg PO BID (>27kg 500mg BID) Amoxicillin 50mg/kg PO daily (MAX 1gm/day)       10 days 10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)       10 days         PCN allergic (naphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days         CONSIDERATIONS       CONSIDERATIONS       Conscient and term dose may be beneficial in adults       10 days         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology       • Not necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low		to test for GAS	**Cas Attached Tasting 9 Tre	of month Flo				ater
AdultsDurationPediatricsDurationPreferred TreatmentPen VK 500mg PO BID Amoxicillin 1000mg PO daily <u>OR</u> 500mg PO BID Amoxicillin 1000mg PO daily <u>OR</u> 500mg PO BID Penicillin G Benzathine (>27kg) single IM dose 1.2 million units10 days 1 dosePen VK 250mg PO BID (>27kg 500mg BID) Amoxicillin 50mg/kg PO daily (MAX 1gm/day) Penicillin G Benzathine (>27kg) single IM dose 1.2 million units10 days 1 dose10 days 1 dose10 days Penicillin G Benzathine (<27kg) single IM dose 600,000 units10 days 1 dosePCN allergic (non-anaphylactic response)Cephalexin 500mg PO BID Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO andays 2-5 Clindamycin 300mg PO TID10 daysCephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)10 daysPCN allergic (anaphylactic response)Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO andays 2-5 Clindamycin 300mg PO TID5 days 10 daysAzithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)3 days 10 daysGlucocorticoids: No evidence of benefit in children/adolescents; short term dose may be beneficial in adults10 days10 days• Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiologyVIRAL etiology• Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally lowNOT necessary for adults; there is a low incidence of GAS pharyngitis in adults	under the age of 5		See Attached Testing & Tre	eatment FIO	w Diagram	> <u>syrs of age</u> . such	ang on hard cardy	
Preferred Treatment       Pen VK 500mg PO BID Amoxicillin 1000mg PO daily <u>OR</u> 500mg PO BID Penicillin G Benzathine (>27kg) single IM dose 1.2 million units       10 days 10 days       Pen VK 250mg PO BID (>27kg 500mg BID) Amoxicillin 50mg/kg PO daily (MAX 1gm/day) Penicillin G Benzathine (<27kg) single IM dose 600,000 units       10 days       10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)       10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days         CONSIDERATIONS         Glucocorticoids:       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults       10 days         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology         • Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low			Antibiot	ic Selec	tion			
Amoxicillin 1000mg PO daily <u>OR 500mg PO BID</u> Penicillin G Benzathine (>27kg) single IM dose 1.2 million units       10 days 1 dose       Amoxicillin 50mg/kg PO daily (MAX 1gm/day) Penicillin G Benzathine (<27kg) single IM dose 600,000 units       10 days         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)       10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days 10 days         CONSIDERATIONS       CONSIDERATIONS       Construction of the construction								Duration
Penicillin G Benzathine (>27kg) single IM dose       1 dose       Penicillin G Benzathine (<27kg) single IM dose 600,000       1 dose         PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)       10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days 10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days 10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       10 days       10 days         10 days       To days       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults       10 days         Glucocorticoids:       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults       In adults         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology       Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent	Preferred Treatment							-
PCN allergic (non-anaphylactic response)       Cephalexin 500mg PO BID       10 days       Cephalexin: Infant/Child 20mg/kg/dose PO BID (MAX 500mg/dose)       10 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days 0 days         PCN allergic (anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days 10 days         Description       Description       Description       Description       Description       Description         CONSIDERATIONS       Conscience       Conscience       Start term dose       may be beneficial in adults       Description         Formula       Description       Description       Description       Description       Description         Glucocorticoids       NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology       Point adults         Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low       Description				-				•
(non-anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days (MAX 500mg/dose)         Clindamycin 300mg PO TID       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         For the second seco		1.2 million units			units			
(non-anaphylactic response)       Azithromycin (≥16 yrs of age) 500mg on day one, 250mg PO on days 2-5 Clindamycin 300mg PO TID       5 days 10 days       Azithromycin (2-15 years of age) 12mg/kg PO once daily (MAX 500mg/dose)       3 days (MAX 500mg/dose)         Clindamycin 300mg PO TID       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         For the second seco	PCN allergic	Cephalexin 500r	ng PO BID	10 days	Cephalexin: Infa	nt/Child 20mg/kg/dose	PO BID (MAX	10 days
(anaphylactic response)       250mg PO on days 2-5 Clindamycin 300mg PO TID       10 days       (MAX 500mg/dose) Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         CONSIDERATIONS         Glucocorticoids:       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology         • Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low	(non-anaphylactic response)		-					
Clindamycin 300mg PO TID       10 days       Clindamycin 7mg/kg /dose PO TID (MAX 300mg/dose)       10 days         CONSIDERATIONS         Glucocorticoids:       No evidence of benefit in children/adolescents; short term dose may be beneficial in adults         • Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology       • Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low	-			5 days			g/kg PO once daily	3 days
CONSIDERATIONS Glucocorticoids: No evidence of benefit in children/adolescents; short term dose may be beneficial in adults Testing for GAS is NOT recommended for acute pharyngitis with clinical & epidemiologic features that strongly suggest a VIRAL etiology Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low				10 dava			10 dava	
<ul> <li>Glucocorticoids: No evidence of benefit in children/adolescents; short term dose may be beneficial in adults</li> <li>Testing for GAS is NOT recommended for acute pharyngitis with clinical &amp; epidemiologic features that strongly suggest a VIRAL etiology</li> <li>Routine use of back up throat cultures for those with a negative RADT is NOT necessary for adults; there is a low incidence of GAS pharyngitis in adults risk of subsequent acute rheumatic fever is exceptionally low</li> </ul>	(anaphylactic response)	Cinicalityciii Soc	nig FO HD	10 days			AX 300mg/d0se)	10 days
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REFERENCES: Shulman et al. CID 2012; Casey CID 2005; 40:1748-55.

