

ANMC Pediatric Ambulatory Guideline for Acute Cervical Lymphadenitis*

Symptoms/Physical Exam

Tender swelling of neck lymph node **>2 cm** in size, **PLUS** either Fever AND/OR Redness and warmth of overlying skin

	Acute UNI-lateral lymphadenitis	Acute Bi-lateral lymphadenitis	Subacute/Chronic unilateral lymphadenitis
Etiology	<i>Staphylococcus aureus</i> Beta-hemolytic streptococci	Viral infection (EBV, CMV, Adenovirus)	Atypical mycobacterial infection Tuberculosis Actinomyces Cat Scratch Disease
Work up	Blood culture CBC with differential CRP <i>If fluctuant, order same day cervical ultrasound and refer to ENT</i>	Blood culture CBC with differential CRP Consider monospot or EBV antibody testing Rapid streptococcal antigen testing if pharyngitis	Refer to ENT Consider placing PPD

Antibiotic Selection

Initial Treatment	Clindamycin 10mg/kg/dose PO TID (max 600mg/dose)	Observation - <u>unless</u> Group A streptococcal positive	Refer to ENT
Indications for URGENT neck ultrasound AND ENT referral	-Fluctuance present on exam -Size >6 cm -Failure to improve after >48-72h of empiric clindamycin therapy	-Absence of fever or pharyngitis -Fluctuance present on exam -Size >6 cm -Failure to resolve after >2-4 weeks observation	Refer to ENT

CONSIDERATIONS

*Patients with cervical lymphadenopathy >2 cm and **without fever or erythema/warmth of the node** should be referred to ENT

Antimicrobial Stewardship Program Approved 2016