

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Throat

Throat

1. Antibiotic therapy is generally **NOT** indicated for acute pharyngitis/tonsillitis in the **community** as most throat infections are viral.
2. This recommendation is for patients requiring **hospitalisation**.
3. **Avoid** Amoxicillin and co-amoxiclav if **glandular fever** is considered likely.
4. If condition is considered **life threatening** treat as for **acute epiglottitis**.

Empiric Antibiotics for Throat Infections

Infection	1 st Line Antibiotics	Penicillin allergy:		Comment
		delayed onset non-severe reaction	immediate or severe delayed reaction	
See penicillin hypersensitivity section for further information				
Acute Pharyngitis/ Tonsillitis	Benzylpenicillin IV 1.2g every 4 hours If there is a good response to initial IV therapy consider switch to oral therapy with: Phenoxyethylpenicillin (Calvepen) PO 666mg every 6 hours OR Amoxicillin PO 500mg every 8 hours	Ceftriaxone IV 2g every 24 hours	Clindamycin IV 600-900mg every 8 hours + Consider add Vancomycin IV infusion, dose per GAPP App calculator pending culture results. See footnote* re monitoring Discuss with Micro/ID	Duration 10 days. Consider switch to oral therapy if good response to initial IV therapy If failure to respond to initial therapy consider Co-amoxiclav IV 1.2g every 8 hours (if no allergy to penicillin).
Peritonsillar abscess <i>Discuss with ENT re early surgical drainage of abscess</i>	Co-amoxiclav IV 1.2g every 8 hours	Ceftriaxone IV 2g every 24 hours + Metronidazole IV 500mg every 8 hours	Clindamycin IV 600-900mg every 8 hours + Consider add Vancomycin IV infusion, dose per GAPP App calculator pending culture results. See footnote* re monitoring Discuss with Micro/ID	Duration usually 7 days. Consider oral switch when appropriate -discuss with Micro/ID.
Severe Acute Epiglottitis <i>Discuss with Microbiology or Infectious Diseases</i>	Ceftriaxone IV 2g every 24 hours	Ceftriaxone IV 2g every 24 hours	Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re monitoring. + Ciprofloxacin IV 400mg every 12 hours	Optimal duration of treatment not established. Generally treat for 7-10 days. Longer duration may be indicated in selected patients. Consider oral switch when appropriate - discuss with Microbiology or Infectious Diseases.

* For advice on monitoring see [Vancomycin](#) Dosing & Monitoring section.

Refs:

1. *The Sanford Guide to Antimicrobial Therapy Digital App* accessed online January 2024
2. *Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America*
3. <https://www.uptodate.com/contents/epiglottitis-supraglottitis-management#H18>