

Guideline for Hospital Admission

Ministry of Public Health - Lebanon

Tonsillitis

Diagnosis and presentation

- The Centor clinical prediction score should be used to assist the decision on whether to prescribe an antibiotic, but cannot be relied upon for a precise diagnosis.
- The Centor score gives 1 point each for:
 - i. Tonsillar exudate
 - ii. Tender anterior cervical lymph nodes
 - iii. History of fever
 - iv. Absence of cough
- The likelihood of Group A Beta-Hemolytic Streptococcus (GABHS) infection increases with increasing score.
- Streptococcal infection is most likely in the 5–15 year old age group and gets progressively less likely in younger or older patients. The score is not validated for use in children under three years.
- Throat swabs should not be carried out routinely in primary care management of sore throat.

The use of a clinical prediction rule such as the Centor score gives a clinician a rational basis on which to estimate the probability that a sore throat is due to GABHS, *but cannot be relied upon for a precise diagnosis*. It may assist the decision on whether to prescribe an antibiotic.

General management

- In adults with sore throat, ibuprofen 400 mg three times daily is recommended for relief of fever, headache and throat pain.
- In adults with sore throat who are intolerant to ibuprofen, paracetamol 1 g four times daily when required is recommended for symptom relief.
- Antibiotics should not be used to secure symptomatic relief in sore throat.
- Sore throat should not be treated with antibiotics specifically to prevent the development of rheumatic fever and acute glomerulonephritis.
- Occasionally, sore throat may be a presenting symptom of acute epiglottitis or other serious upper airway disease.
- If breathing difficulty is present, urgent referral to hospital is mandatory and attempts to examine the throat should be avoided.

Hospital admission may be required for:

- Patients with sore throat who have stridor or difficulty with breathing, progressive difficulty with swallowing, increasing pain, or severe systemic symptoms.
- Patients with severe uncomplicated tonsillitis who develop dysphagia and dehydration.
- Patients with peritonsillar cellulitis or abscess (quinsy) that may require parenteral antibiotics.

References:

- Management of sore throat and indications for tonsillectomy- a national clinical guideline. Scottish Intercollegiate Guidelines Network, 2010.
- American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)

Tonsillitis checklist for hospital admission:

Condition	Present	Absent
Sore throat with stridor or difficulty with breathing, progressive difficulty with swallowing, increasing pain, or severe systemic symptoms.		
Severe uncomplicated tonsillitis with dysphagia and dehydration.		
Peritonsillar cellulitis or abscess (quinsy) that may require parenteral antibiotics.		
