

# 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 <sup>st</sup> Line Antibiotics	Penicillin allergy:		Comment
		delayed onset non-severe reaction	immediate or severe delayed reaction	
See <a href="#">penicillin hypersensitivity section</a> 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 <b>OR</b>  Amoxicillin PO 500mg every 8 hours	Ceftriaxone IV 2g every 24 hours	Clindamycin IV 600-900mg every 8 hours  +  Consider add <a href="#">Vancomycin</a> 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 <a href="#">Vancomycin</a> 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	<a href="#">Vancomycin</a> 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>