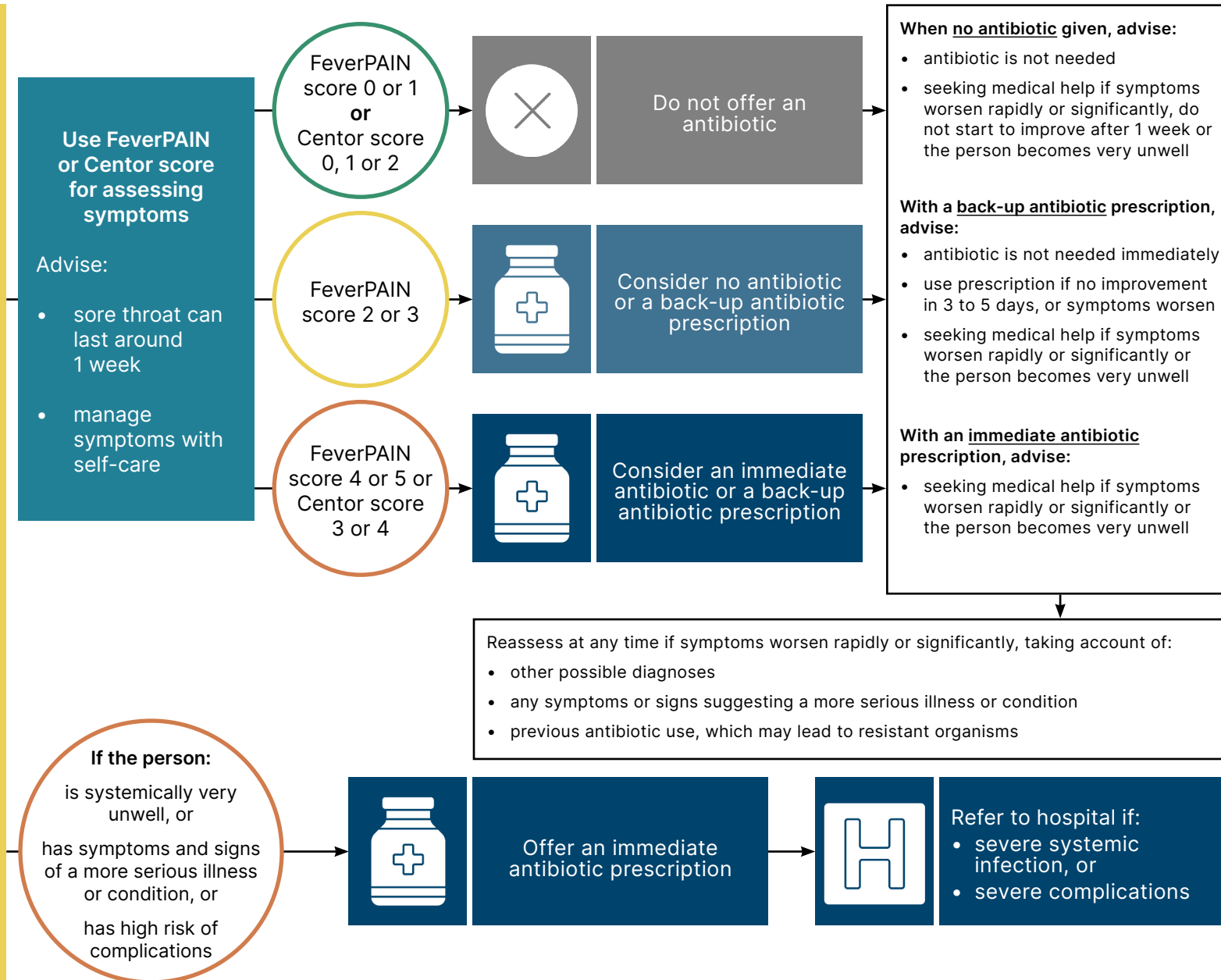


Sore throat (acute): antimicrobial prescribing

Acute sore throat



Self-care

- Consider paracetamol for pain or fever, or if preferred and suitable, ibuprofen
- Drink adequate fluids
- Some evidence that medicated lozenges can help reduce pain in adults
- No evidence was found for non-medicated lozenges, mouthwashes, or local anaesthetic mouth spray on its own



Evidence on antibiotics

- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
- Withholding antibiotics is unlikely to lead to complications
- Possible adverse effects include diarrhoea and nausea



FeverPAIN score

- Fever; purulence; attend within 3 days or less; severely inflamed tonsils; no cough or coryza
1 point for each

Centor score

- Tonsillar exudate; tender anterior cervical lymphadenopathy or lymphadenitis; history of fever ($>38^{\circ}\text{C}$); no cough
1 point for each

Sore throat (acute): antimicrobial prescribing

Antibiotic ¹	Dosage and course length for adults aged 18 and over
First choice	
Phenoxymethylpenicillin	500 mg four times a day or 1000 mg twice a day for 5 to 10 days Five days of phenoxymethylpenicillin may be enough for symptomatic cure, but a 10-day course may increase the chance of microbiological cure
Alternative first choice for penicillin allergy or intolerance (for people who are not pregnant)	
Clarithromycin	250 mg to 500 mg twice a day for 5 days
Alternative first choice for penicillin allergy in pregnancy	
Erythromycin	250 mg to 500 mg four times a day, or 500 mg to 1000 mg twice a day for 5 days Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms. See the Medicines and Healthcare products Regulatory Agency (MHRA) Public Assessment Report on the safety of macrolide antibiotics in pregnancy

¹ Note: see the [BNF](#) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding.

Sore throat (acute): antimicrobial prescribing

Antibiotic ¹	Dosage and course length for children and young people under 18 ²
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First choice

Phenoxymethylpenicillin	1 to 11 months: 62.5 mg four times a day, or 125 mg twice a day for 5 to 10 days 1 to 5 years: 125 mg four times a day, or 250 mg twice a day for 5 to 10 days 6 to 11 years: 250 mg four times a day, or 500 mg twice a day for 5 to 10 days 12 to 17 years: 500 mg four times a day, or 1000 mg twice a day for 5 to 10 days Five days of phenoxymethylpenicillin may be enough for symptomatic cure, but a 10-day course may increase the chance of microbiological cure
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Alternative first choice for penicillin allergy or intolerance (for people who are not pregnant)

Clarithromycin	1 month to 11 years: Under 8 kg: 7.5 mg/kg twice a day for 5 days 8 to 11 kg: 62.5 mg twice a day for 5 days 12 to 19 kg: 125 mg twice a day for 5 days 20 to 29 kg: 187.5 mg twice a day for 5 days 30 to 40 kg: 250 mg twice a day for 5 days 12 to 17 years: 250 mg to 500 mg twice a day for 5 days
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Alternative first choice for penicillin allergy in pregnancy

Erythromycin	8 to 17 years: 250 mg to 500 mg four times a day, or 500 mg to 1000 mg twice a day for 5 days Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms. See the Medicines and Healthcare products Regulatory Agency (MHRA) Public Assessment Report on the safety of macrolide antibiotics in pregnancy
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¹ Note: see the [BNF for children](#) for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment.

² Note: the age bands given in the table apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age.