

## CPO Tonsillitis Pathway

This Clinical Pathway does not include sore throats in those aged 15 and less.

Maori and Pasifika are at higher risk of developing Rheumatic Fever and should see a GP/NP or nurse if they show any sign of a sore throat. See New Zealand National Heart Foundation *Group A Streptococcal Sore Throat Management Guidelines*.

This is to be used for guidance only and should not replace clinical judgment.

### Purpose

To support intravenous (IV) therapy for the management of tonsillitis following failure of oral antimicrobial therapy.

### Eligibility Criteria

- Hawke's Bay Resident
- Patient presents with tonsillitis requiring IV management and can be safely managed in primary care
- 15 years and older

### Funding

Referral and Claiming/Outcome is through the **Halcyon Provider Portal > CPO Programmes > Tonsillitis**. Funding is fee for service.

### Oral Antibiotics Management

Refer to Health Pathways for Oral Antibiotic Management

[Tonsillitis and Sore Throat - Community HealthPathways Hawke's Bay](#)

Request acute ENT assessment if:

- any acute upper airways obstruction or signs of quinsy or peritonsillar abscess.
- any other red flags, e.g. dehydration due to inability to swallow

Not funded under the CPO Tonsillitis Pathway

### Treatment Failure at 24 hours

- If a patient with sore throat is getting worse after 24 hours, reassess them and check for signs of quinsy or peritonsillar abscess, if present request acute ENT assessment
- If not present, consider intravenous (IV) antibiotic treatment through the CPO Tonsillitis Pathway.

## Pathway

Reassess the patient's clinical condition daily when presenting for IV antibiotics.

- Administer:
  - IV Cefazolin for three days: Administer solution directly into vein or through tubing. Dilute the reconstituted 2g of Cefazolin in a minimum of 10 mL of Sterile Water for Injection. Inject solution slowly over a period of 3 to 5 minutes. Do not inject in less than 3 minutes.

<https://www.medsafe.govt.nz/profs/datasheet/c/cefazolinaftinj.pdf>

- Commence oral Probenecid for three days.
  - Consider IV rehydration with normal saline, strongly indicated in this situation.
  - Administer a single IV injection of dexamethasone 8 to 12 mg, (available on practitioner's supply order), particularly if peri-tonsillar oedema causes difficulty swallowing.
- If patient not responding:
    - consider an alternative diagnosis.
    - seek ENT advice before considering extending IV therapy for a further 3 days.
  - Request acute ENT assessment the patient is particularly unwell, or any suggestion of airway compromise.
  - Transport available through Hastings Taxis if patient requires transport to general practice for IV therapy- provide CPO number to taxi company.