



QR code for
mobile view

Features of PTA (any of the following):

- Trismus
 - Difficulty opening mouth, actively and passively
- Difficulty swallowing
- Spitting out saliva
- Fever
- Muffled or "hot potato" voice
- Unilateral throat pain
- Soft palate erythema with fullness/bulging ([link to images](#))
- Uvula deviation

Alternate diagnoses:

- Tonsillitis
- Mononucleosis
- Intratonsillar abscess
- Retro/parapharyngeal abscess

Bedside drainage considerations:

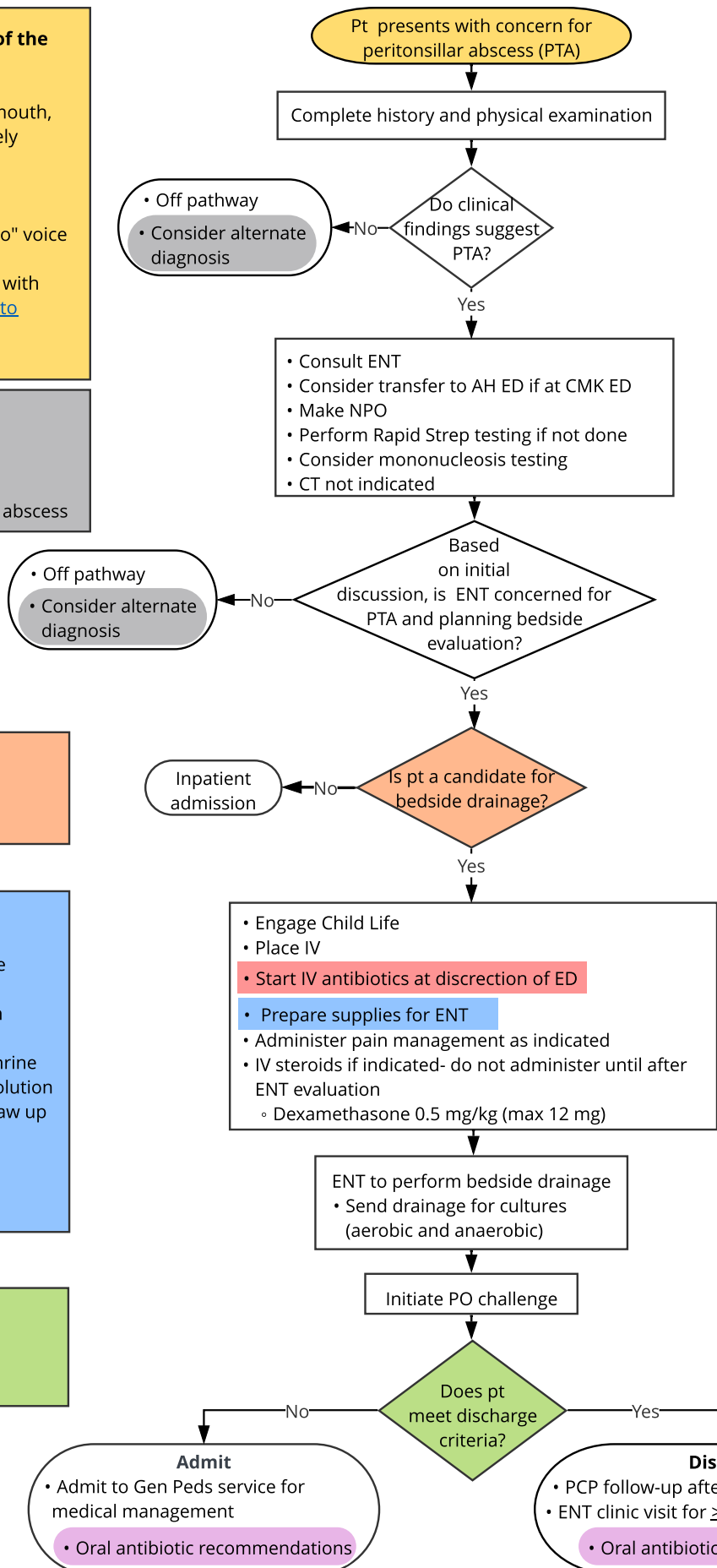
- Age of pt
- Caregiver acceptance

Supplies for ENT:

- Cetacaine spray
- 18 gauge spinal needle
- 5 cc syringe (2)
- Suction set up in room
- Culture swab in room
- Lidocaine 1%/ epinephrine 1:100,000 injectable solution
- 18 gauge needle to draw up lidocaine
- 11 blade
- Curved hemostat
- Blank consent form

Discharge Criteria

- Drainage successful
- Tolerating PO
- Pain controlled



IV Antibiotic Recommendations

First line:

- Ampicillin/sulbactam 50 mg of ampicillin component/kg/dose (max 2000 mg of ampicillin component/dose)

If penicillin allergy/risk for MRSA:

- Clindamycin 10 mg/kg/dose (max 600 mg/dose)

Oral Antibiotic Recommendations

First Line:

- Amoxicillin/clavulanate
 - 20 mg/kg/dose every 12 hours (max single dose 875 mg)

If **penicillin allergy**, determine risk stratification based on [Penicillin ADR \(HISTORICAL\) Clinical Pathway](#)

- If at **low risk for IgE-mediated** reaction, consider observed oral dose of amox/clav

If at **high risk for IgE-mediated or severe delayed** reaction **OR** at risk for **MRSA**:

- Clindamycin (for pts who have responded to IV clindamycin)
 - 13 mg/kg/dose every 8 hours (max single dose 600 mg)

Note: When culture and susceptibility data is available, antibiotics can be tailored to ensure coverage of identified pathogens.

If **empiric therapy** was employed for **presumed MRSA infection**:

First Line:

- Clindamycin (as above)

If **clindamycin resistant or allergic**:

- Linezolid*
 - < 12 years old: 10 mg/kg/dose every 8 hours (max 600 mg/dose)
 - ≥ 12 years old: 10 mg/kg/dose every 12 hours (max 600 mg/dose)

*Consider Infectious Diseases consult due to ordering limitations