# Management of sore throat and indications for tonsillectomy

## Diagnosis of Acute Sore Throat

**B** Clinical examination should not be relied upon to differentiate between viral and bacterial sore throat

**B** Throat swabs or rapid antigen testing should not be carried out routinely in sore throat

## Management of Acute Sore Throat

**C** Sore throat associated with stridor or respiratory difficulty is an absolute indication for admission to hospital

**A** Antibiotics should *not* be used:
- for symptomatic relief
- specifically to prevent the development of rheumatic fever or acute glomerulonephritis

**B** Paracetamol is the drug of choice for analgesia in sore throat

**B** Routine use of non-steroidal anti-inflammatory agents (NSAIDs) is not recommended

**C** Following specialist referral, a six month period of watchful waiting is recommended to establish the pattern of symptoms and allow the patient to consider the implications of operation

**B** Once a decision is made for tonsillectomy, this should be performed as soon as possible to maximise the period of benefit

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## Indications for Tonsillectomy

**C** Patients should meet all of the following criteria:
- sore throats are due to tonsillitis
- five or more episodes of sore throat per year
- symptoms for at least a year
- episodes of sore throat are disabling and prevent normal functioning

**C** Following specialist referral, a six month period of watchful waiting is recommended to establish the pattern of symptoms and allow the patient to consider the implications of operation

**B** Once a decision is made for tonsillectomy, this should be performed as soon as possible to maximise the period of benefit

## Key:

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<th>A</th>
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<tbody>
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<td></td>
<td>indicates grade of recommendation</td>
<td>✓</td>
<td>Good practice point</td>
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