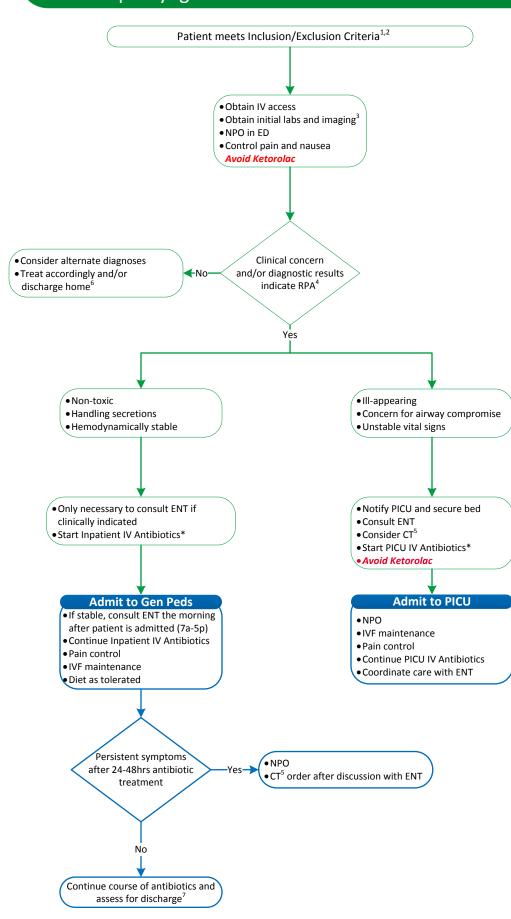
Page 1 of 2





Inclusion Criteria

- Retropharyngeal; parapharyngeal; pharyngeal abscess
- Patient ≥12 months and ≤7 years old
- Symptoms may include:
- Fever
- Decreased neck range of motion
- Change in voiceDecreased PO intake
- Drooling

²Exclusion Criteria

- Compromised airway
- Immunocompromised
- Prior neck or airway surgery
- Patient appears septic/in shock
- Head/neck/airway trauma

³Initial Labs and Imaging

Labs

• BMP

CRP

• CBC with differential

 Blood culture if patient ≤2 years old and/or going to PICU

Imaging

• Soft tissue neck plain film

Diagnostic Results Concerning for RPA

- CBC with WBC >10,000 and left shift
- CRP >5
- · Good quality soft tissue neck plain film with increased spaces: >7mm at C2 and/or >14mm at C6 · If negative plain film, RPA very unlikely

⁵CT Imaging

- Consult ENT prior to obtaining CT
- Sedation
- Attempt to avoid sedation with imaging, consider: o Consult Child Life Specialist
- _o Sweeties and pacifier if age appropriate
- o Consider medication for pain and/or anxiety
- If sedation appears necessary, consult ENT and ENT will notify General Anesthesia
- General Anesthesia will determine if case requires deep sedation vs anesthesia

Discharge Instructions from ED

- Follow-up with PCP within 24 hours of discharge
- Return to ED if symptoms worsen
- Prescription for PO Antibiotics*, if indicated

Discharge Criteria from Inpatient

- Decision based upon discussion between ENT and Gen Peds
- Well-appearing, vital signs stable
- Labs/fever curve improving
- Tolerating PO medication and diet
- Discharge home with PO Antibiotics

*See page 2 for antibiotic dosing and frequency recommendations

Clinical Practice Guideline for Management of Retropharyngeal Abscess

FINAL 2/2019

Page 2 of 2



Medication Table for Antibiotics to Manage Retropharyngeal Abscess in Emergency Department, General Peds floor Inpatient, and PICU

	nicy Department, General Peus	Dose &	Targeted
Indication	Drug	Frequency	Pathogens
Outpatient/Discharge	Amoxicillin/Clavulanate	22.5mg/kg/dose PO BID Max dose 875mg	S.pyogenes MSSA H.influenzae oral anaerobic flora
Outpatient/Discharge with penicillin allergy	Clindamycin	10mg/kg/dose PO TID Max dose 600mg	Same as above- allergy alternative to amoxicillin
Inpatient	Ampicillin/Sulbactam	50mg/kg/dose IV Q6H Max dose 2000mg	S.pyogenes MSSA H.influenzae oral anaerobic flora
Inpatient with penicillin allergy	Clindamycin	13mg/kg/dose IV Q8H Max dose 900mg	Same as above- allergy alternative to ampicillin
Inpatient if <2 years old and/or history of MRSA	Ampicillin/Sulbactam + Clindamycin	See above	Same as above + MRSA
PICU	Ampicillin/Sulbactam +	Ampicillin/Sulbactam 50mg/kg/dose IV Q6H Max dose: 2000mg	S.pyogenes MSSA H.influenzae oral anaerobic flora
	Vancomycin	Vancomycin 15mg/kg/dose IV Q6H Max dose: 1000mg	MRSA
PICU with penicillin allergy	CeftTRIAXone +	Ceftriaxone 75mg/kg/dose IV Q24H Max dose: 2000mg	S.pyogenes MSSA H.influenzae
	Vancomycin +	Vancomycin 15mg/kg/dose IV Q6H Max dose: 1000mg	MRSA
	MetroNIDAZOLE	Metronidazole 12.5mg/kg/dose IV Q8H Max dose: 500mg	oral anaerobic flora