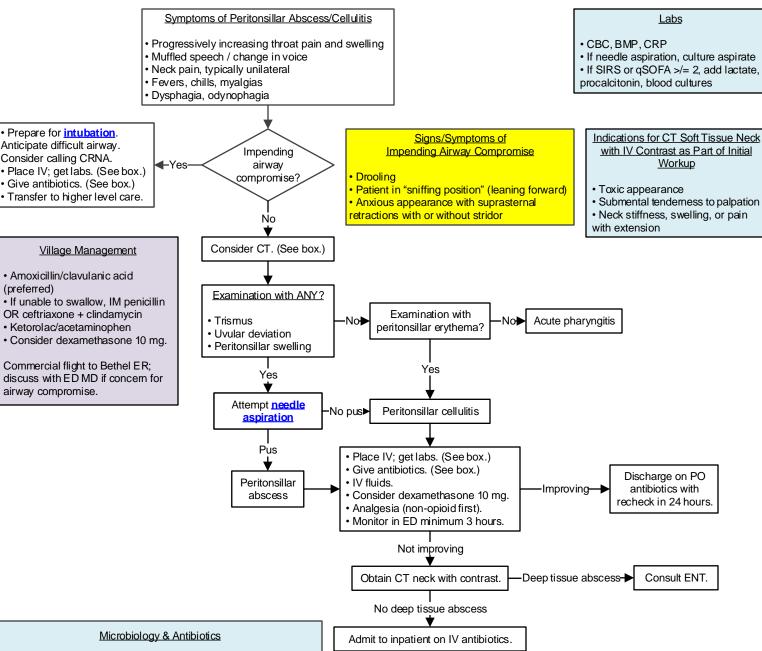


Clinical Guideline

Peritonsillar Abscess & Cellulitis



Continuum from pharyngitis > cellulitis/phlegmon > abscess. Often polymicrobial, typically GAS, *Strep viridans*, *Staph aureus*, fusobacterium, bacteriodes. MRSA coverage not indicated unless patient does not respond to initial antibiotic selection.

I\/

Ampicillin/sulbactam 3 grams Q6h (preferred)

OR

Piperacillin/tazobactam 3.375 grams Q6h

OR

Ceftriaxone 1 gram Q12h + metronidazole 500 mg Q6h

OR

Clindamycin 600 mg Q6-8h (if penicillin allergy)

<u>P0</u>

Amoxicillin/clavulanate 875 mg BID (preferred)

OR

Cefpodoxime 300 mg Q12h + metronidazole 500 mg Q6h

Clindamycin 300 mg Q6h (if penicillin allergy)

Treatment duration 14 days.

This guideline is designed for the general use of most patients but may need to be a dapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved 8/2/24. Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact Travis_Nelson@ykhc.org.