Pediatric Guidelines: Head and Neck Infections - Peritonsillar/Retropharyngeal Abscess

Need for drainage/source control of head and neck infections should be evaluated carefully in consultation with Pediatric Otolaryngology, Head and Neck Surgery. If initial non-operative management is chosen, a narrow spectrum regimen (i.e. without vancomycin) is encouraged to facilitate transition to oral therapy.

ID consultation is recommended for head and neck infections occurring in immunocompromised patients, and for those with atypical features, chronic course, or lack of response to first line therapy.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Major Pathogens</th>
<th>First Choice Therapy</th>
<th>Alternative Therapy</th>
<th>Comments</th>
</tr>
</thead>
</table>

Peritonsillar/retropharyngeal abscess

**Inpatient:**

Ampicillin-sulbactam (Unasyn)
50mg/kg/dose ampicillin IV q6h (max 2g ampicillin/dose)

ADD Vancomycin for severe infection (i.e. with airway compromise, extensive abscess, systemic illness), or suspicion of MRSA:

Age 3mo-<12yo: 17.5mg/kg/dose IV q6h (initial max 1g/dose)

Age >=12 yo: 15mg/kg/dose IV q6h (initial max 1g/dose)

**Penicillin allergy:** [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

Penicillin allergy: [1]

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Duration:**

10 days for non-severe infection, individualized for severe infection

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

**Penicillin allergy:**

Clindamycin
10mg/kg/dose PO/IV q8h (max 600mg/dose PO, 900mg/dose IV) for non-severe infection

**Outpatient/step down therapy:**

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

OHNS consult recommended
Consider ID consult

Outpatient/step down therapy:

Amoxicillin-clavulanate
(Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*
These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to Pediatric Antimicrobial Dosing Guideline[3] for further guidance on dosing in children, and Neonatal Dosing Guideline[4] for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).