If the person: is systemically very unwell, or has symptoms and signs of a more serious illness or condition, or has high risk of complications

Use FeverPAIN or Centor score for assessing symptoms

Advise:
- sore throat can last around 1 week
- manage symptoms with self-care

FeverPAIN score 0 or 1 or Centor score 0, 1 or 2

Do not offer an antibiotic

FeverPAIN score 2 or 3

Consider no antibiotic or a back-up antibiotic prescription

FeverPAIN score 4 or 5 or Centor score 3 or 4

Consider an immediate antibiotic or a back-up antibiotic prescription

When no antibiotic given, advise:
- antibiotic is not needed
- seeking medical help if symptoms worsen rapidly or significantly, do not start to improve after 1 week or the person becomes very unwell

With a back-up antibiotic prescription, advise:
- antibiotic is not needed immediately
- use prescription if no improvement in 3 to 5 days, or symptoms worsen
- seeking medical help if symptoms worsen rapidly or significantly or the person becomes very unwell

With an immediate antibiotic prescription, advise:
- seeking medical help if symptoms worsen rapidly or significantly or the person becomes very unwell

Reassess at any time if symptoms worsen rapidly or significantly, taking account of:
- other possible diagnoses
- any symptoms or signs suggesting a more serious illness or condition
- previous antibiotic use, which may lead to resistant organisms

Offer an immediate antibiotic prescription

Refer to hospital if:
- severe systemic infection, or
- severe complications

Self-care
- Consider paracetamol for pain or fever, or if preferred and suitable, ibuprofen
- Drink adequate fluids
- Some evidence that medicated lozenges can help reduce pain in adults
- No evidence was found for non-medicated lozenges, mouthwashes, or local anaesthetic mouth spray on its own

Evidence on antibiotics
- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
- Withholding antibiotics is unlikely to lead to complications
- Possible adverse effects include diarrhoea and nausea

FeverPAIN score
- Fever, Purulence, Attend within 3 days or less, Severely Inflamed tonsils, No cough or coryza
  1 point for each

Centor score
- Tonsillar exudate, Tender anterior cervical lymphadenopathy or lymphadenitis, History of fever (>38°C), No cough
  1 point for each

First published: January 2018
## Sore throat (acute): antimicrobial prescribing

### Choice of antibiotic: adults aged 18 years and over

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dosage and course length for adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First choice</strong></td>
<td></td>
</tr>
<tr>
<td>Phenoxyxymethylpenicillin</td>
<td>500 mg four times a day or 1000 mg twice a day for 5 to 10 days</td>
</tr>
<tr>
<td><strong>Alternative first choices for penicillin allergy or intolerance</strong></td>
<td></td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>250 mg to 500 mg twice a day for 5 days</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days</td>
</tr>
</tbody>
</table>

1 See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding.  
2 Doses given are by mouth using immediate-release medicines, unless otherwise stated.  
3 Erythromycin is preferred in women who are pregnant.

### Choice of antibiotic: children and young people under 18 years

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dosage and course length for children and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First choice</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Phenoxyxymethylpenicillin| 1 to 11 months: 62.5 mg four times a day or 125 mg twice a day for 5 to 10 days  
1 to 5 years: 125 mg four times a day or 250 mg twice a day for 5 to 10 days  
6 to 11 years: 250 mg four times a day or 500 mg twice a day for 5 to 10 days  
12 to 17 years: 500 mg four times a day or 1000 mg twice a day for 5 to 10 days |
| Clarithromycin           | 1 month to 11 years:  
Under 8 kg: 7.5 mg/kg twice a day for 5 days  
8 to 11 kg: 62.5 mg twice a day for 5 days  
12 to 19 kg: 125 mg twice a day for 5 days  
20 to 29 kg: 187.5 mg twice a day for 5 days  
30 to 40 kg: 250 mg twice a day for 5 days  
or  
12 to 17 years: 250 mg to 500 mg twice a day for 5 days |
| Erythromycin             | 1 month to 1 year:  
125 mg four times a day or 250 mg twice a day for 5 days  
2 to 7 years: 250 mg four times a day or 500 mg twice a day for 5 days  
8 to 17 years: 250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days |

1 See BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.  
2 The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age. Doses given are by mouth using immediate-release medicines, unless otherwise stated.  
3 Erythromycin is preferred in young women who are pregnant.

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