Clinical Management Summary

EDcare : Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Clinical Management Summary

Severe Tonsillitis - Suspected Quinsy

Assess Airway

Red Flags

- Inspiratory stridor, Drooling
- Patient Position : Sitting up, chin forward, neck hyperextended
- High fever / Appears toxic

Differential Diagnosis

- Peritonsillar abscess
- Supraglottitis / Epiglottitis
- Anaphylaxis
- Foreign body
- Ludwigs angina, Diptheria

Suspected Airway Obstruction

- Transfer patient to resuscitation area
- Prepare airway equipment (including surgical airway)
- Notify GP Anaesthetist
- Alert Retrieval Service

Immediate Management

- Apply supplemental oxygen to correct hypoxia (but avoid causing increased anxiety)
- Attach monitoring (including non-invasive capnography)
- Administer Nebulised Adrenaline (5mg 1:1000)
- Administer IV Dexamethasone 10mg (0.6mg/kg)
- If sepsis suspected : Commence antibiotics and assess need for resuscitation fluids / inotropes

Patient Transfer

Coordinate transfer with Retrieval Service

No Airway Obstruction

No Red Flags

ED Management

- IV Benzylpenicillin 1.2g 6 hourly (30mg/kg)
- IV Metronidazole 500mg (10mg/kg) as a single dose
- IV/PO Dexamethasone 10mg (0.6mg/kg to max 10mg)
- Rehydration with IV fluids
- Analgesia : NSAIDs +/- IV opioids
- Consider soft tissue neck X-ray in the stable patient

Symptomatic improvement usually after 4 hours

If Deterioration

Manage as for Airway Obstruction

Reassess at 2 – 4 hours

Coordinate Transfer

Upper Airway Obstruction

Diagnostic Suspicion (eg ? Supraglottitis)

Fails to improve with ED Management

Consider Discharge if tolerating oral fluids

Discharge management

- Oral Penicillin V 500mg (10mg/kg) bd for 10 days
- Analgesia NSAIDS +/- Throat lozenges
- Salt-water gargling may be soothing
- In severe cases : anaesthetic gargles +/- mouthwashes