SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

RNs WITH ADDITIONAL AUTHORIZED PRACTICE
CLINICAL DECISION TOOL
DECEMBER 1, 2016

PERITONSILLAR ABSCESS ADULT

DEFINITION

Cellulitis of the space behind the tonsillar capsule extending onto the soft palate, leading to an abscess. This is a very serious condition.

IMMEDIATE CONSULTATION REQUIRED IN THE FOLLOWING SITUATIONS

- If the client has any of the following symptoms:
  - Appears acutely ill
  - Drooling
  - Difficulty swallowing
  - Difficulty breathing
  - Inability to open mouth (trismus)

CAUSES

- Bacterial infection, usually related to group A Streptococcus (GAS) (50%), *Streptococcus pyogenes, Staphylococcus aureus, Haemophilus influenzae.*

PREDISPOSING AND RISK FACTORS

- Recent episode of pharyngitis

HISTORY

- Gradually increasing unilateral ear and throat pain
- Fever
- Malaise
- Dysphagia (difficulty swallowing)
- Dysphonia ("hot potato" voice)
- Drooling
- Trismus (difficulty opening mouth)

PHYSICAL FINDINGS

- Fever
- Tachycardia
- Client may appear acutely ill or distressed
- Diaphoretic; flushed if feverish

- Affected tonsil, grossly swollen medially and reddened
- Tonsil may displace uvula and soft palate to the opposite side of pharynx
- Swelling and redness of the soft palate
- Trismus
- Increased salivation
- Dysphonia
- Unilateral referred ear pain
- Tonsillar/cervical lymph nodes enlarged and very tender
- Fluctuance may be felt on affected side of palate

DIFFERENTIAL DIAGNOSIS

- Peritonsillar cellulitis
  - The area between the tonsil and its capsule is edematous and erythematous, but pus has not yet formed.
- Infectious mononucleosis
- Lymphoma
- Retromolar or retropharyngeal abscess
- Gonococcal pharyngitis

COMPLICATIONS

- Airway obstruction
- Sepsis
- Cellulitis of jaw, neck or chest
- Endocarditis
- Pleural effusion
- Pericarditis
- Pneumonia

INVESTIGATIONS AND DIAGNOSTIC TESTS

- Swab for culture and sensitivity.
- Referral required in moderate to severe disease as needle aspiration and/or computerized tomography (CT) may be needed.

MAKING THE DIAGNOSIS

- Is made clinically on the basis of a thorough history and physical examination.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- Relieve symptoms
- Prevent complications

Appropriate Consultation

- Presentation consistent with those identified in the Immediate Consultation Required in the Following Situations section.
- If no improvement after 24 hours of antibiotic therapy.

Non-Pharmacological Interventions

- Salt water gargles

Pharmacological Interventions

- Mild disease
  - Antibiotics
    - Penicillin V potassium 300 mg orally q6h or 600 mg orally q12h for 10 days
    - For clients with penicillin allergy: Clindamycin 300 mg orally q8h for 10 days
  - Analgesics for pain and fever:
    - Acetaminophen (Tylenol) 325-500 mg 1-2 tabs orally q 4-6h prn (maximum dose 4 g per day)
      Or
    - Ibuprofen (Motrin) 400-600 mg orally qid prn
- Moderate to severe disease
  - Consult with a physician/RN(NP). Client may require intravenous for hydration and antibiotics.

Client and Caregiver Education

- Counsel client/caregiver about the appropriate use of medications (dose, frequency, compliance, etc.).
- Advise client to return immediately if pain becomes worse or if drooling, difficulty swallowing, difficulty breathing, or inability to open mouth develops.
- Increased fluid intake

- Increased rest until fever settles
- Frequent gargling with warm saline for 48 hours

Monitoring and Follow-Up

- Follow-up in 24 hours. If no improvement, consult with a physician/RN(NP).

Referral

- Any presentation listed in the Immediate Consultation Required in the Following Situations section.
- If no improvement after 24 hours of antibiotic therapy. Needle aspiration, incision and drainage, or tonsillectomy may be required.

DOCUMENTATION

- As per employer policy

REFERENCES

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Powell, J., & Wilson, J. A. (2012). An evidence-based review of peritonsillar abscess. *Clinical Otorlaryngology, 37*(2), 136-145. doi: 10.1111/j.1749-4486.2012.02452.x

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