1. **Patient Presentation**

   Acute pharyngitis and/or tonsillitis

   **Primary Care**

   Manage in Primary Care

   **Pharyngitis** - analgesia

   **Tonsillitis**
   - mild – analgesia
   - severe – Penicillin or Erythromycin

2. **Patient Presentation**

   Recurrent tonsillitis

   **GP**

   Consider referral for tonsillectomy if patient meets the following criteria and patient wishes surgery:
   - Sore throats due to tonsillitis
   - Seven or more adequately treated
   - Sore throats in the preceding year
   - Or five or more such episodes in each of the preceding two years or three
   - Or more such episodes in each of the preceding three years.

   Episodes are disabling and prevent normal function (SIGN 117)

   **GP**

   Discuss surgery with patient, explaining that:
   - It is performed under general anaesthetic,
   - It causes an extremely painful sore throat for 2 to 3 weeks after the procedure
   - And that bleeding can occur after the procedure

   If patient wishes referral:

   **ENT Department**

   Refer to ENT

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November 2012

Adapted from CCI ENT – Nasal Trauma Patient Pathway, 2005
3.

**Patient Presentation**

**Persisting sore throat for more than three weeks**
- no upper respiratory tract infection

**GP**

Does patient have:
- Significant smoking/alcohol history
- Unilateral symptoms
- Hoarseness
- Stridor
- Dysphagia

**GP**

No

Symptomatic Treatment (consider pharyngitis, reflux and thrush)
Review 6 to 8 weeks.
If no improvement

**If YES, urgent referral as possible cancer**

**Routine referral**

**ENT Department**

Refer
- Head and Neck Clinic

4.

**Patient Presentation**

**Quinsy +/- airway obstruction/stridor**

**Stridor**

**GP**

Patient may require emergency admission
Contact ENT on-call

**ENT Department**

Emergency admission in discussion with ENT

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