Deep Neck Infection
Clinical Practice Guideline

**Lateral neck infection**
Consider ultrasound

- Throat culture, CT scan, ENT consult, blood culture

Clinically stable and meets discharge criteria?*

- Yes
  - Discharge home on oral Clindamycin
    - Consider CBC, CRP
    - IV Clindamycin x 24-48 hours Trend fever curve
    - Yes: Clinical improvement?
      - NPO, repeat CRP
      - **Recommend:** CT scan, consult ENT
      - **Consider:** OR, ID consult
    - No: Discharge home on oral Clindamycin
  - Admit to General Pediatrics

- No
  - Admit to ENT
  - ENT determines need to drain
  - Clinically stable and meets discharge criteria?*
    - Yes
      - Discharge home on oral Clindamycin
      - Consider CBC, CRP
      - IV Clindamycin x 24-48 hours Trend fever curve
      - Yes: Clinical improvement?
        - NPO, repeat CRP, consult General Pediatrics
        - **Recommend:** CT scan
        - **Consider:** OR, ID consult
    - No: NPO, repeat CRP, consult ID

**Peritonsillar* infection**
Consult ENT

- Not recommended:
  - Throat culture, any imaging, CBC, CRP, blood culture

ENT determines need to drain

Clinically stable and meets discharge criteria?*

- Yes
  - Discharge home on oral Augmentin
- No
  - Admit to ENT
  - Obtain CBC, CRP
  - Yes: Clinical improvement?
    - NPO, repeat CRP
    - **Consider:** OR, further imaging, antibiotics change/expansion
    - Yes
  - Admit to General Pediatrics
  - IV Unasyn x 24-48 hours Trend fever curve
  - Yes: Clinical improvement?
    - NPO, repeat CRP, consult ID
    - **Consider:** OR, further imaging, antibiotics change/expansion
  - No

**Peritonsillar* infection**
Consult ENT

- Not recommended:
  - Throat culture, any imaging, CBC, CRP, blood culture

Discharge home on oral Augmentin

**Concern for retro/para pharyngeal* infection**
Obtain CBC, CRP, CT scan, consult ENT

- Not recommended:
  - Throat culture, blood culture

Diagnosis confirmed
Treatment based on severity (cellulitis, phlegmon, abscess)

**Characteristics:**
- Fever (acute onset)
- Older children (adolescent)
- Trismus
- Ipsilateral otalgia
- Ipsilateral palatal edema
- Contralateral uvula deviation
- Dysphagia
- Drooling
- Muffled or hot potato voice
- Sore throat

**Characteristics:**
- Fever (gradual onset)
- Young children (<6w/ peak age 2-4 yr)
- Neck stiffness, swelling, mass, or tenderness
- URI symptoms
- Chest pain (if mediastinal involvement)
- Pain with neck extension and/or rotation
- Dysphagia
- Drooling
- Muffled or hot potato voice
- Sore throat

**Exclusion Criteria:**
- Age < 1 year
- Steroid administration
- Airway compromise/impeingement
- Toxic appearing
- Vascular involvement
- ANC < 1,000
- Mediastinal involvement

**Radiologic descriptions:**

**Cellulitis**
- Soft tissue edema/swelling/stranding without clearly defined hypodensity or abnormal enhancement, with or without lymphadenopathy

**Phlegmon**
- Clearly defined hypodensity with faint or no associated ring/peripheral enhancement with or without lymphadenopathy

**Abscess**
- Clearly defined hypodensity with clearly defined ring/peripheral enhancement with or without lymphadenopathy

**Discharge Criteria:**
- Tolerating oral intake
- No other social concerns
- Has close follow up

Last updated December 2018
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