



¹Inclusion Criteria

- Retropharyngeal; parapharyngeal; pharyngeal abscess
- Patient ≥ 12 months and ≤ 7 years old
- Symptoms may include:
 - Fever
 - Decreased neck range of motion
 - Change in voice
 - Decreased PO intake
 - Drooling

²Exclusion Criteria

- Compromised airway
- Immunocompromised
- Prior neck or airway surgery
- Patient appears septic/in shock
- Head/neck/airway trauma

³Initial Labs and Imaging

Labs

- BMP
- CRP
- CBC with differential
- Blood culture if patient ≤ 2 years old and/or going to PICU

Imaging

- Soft tissue neck plain film

⁴Diagnostic Results Concerning for RPA

- CBC with WBC $>10,000$ and left shift
- CRP >5
- Good quality soft tissue neck plain film with increased spaces: >7 mm at C2 and/or >14 mm at C6
 - *If negative plain film, RPA very unlikely*

⁵CT Imaging

- Consult ENT prior to obtaining CT
- Sedation
 - Attempt to avoid sedation with imaging, consider:
 - Consult Child Life Specialist
 - Sweeties and pacifier if age appropriate
 - Consider medication for pain and/or anxiety
 - If sedation appears necessary, consult ENT and ENT will notify General Anesthesia
 - General Anesthesia will determine if case requires deep sedation vs anesthesia

⁶Discharge Instructions from ED

- Follow-up with PCP within 24 hours of discharge
- Return to ED if symptoms worsen
- Prescription for PO Antibiotics*, if indicated

⁷Discharge Criteria from Inpatient

- Decision based upon discussion between ENT and Gen Peds
- Well-appearing, vital signs stable
- Labs/fever curve improving
- Tolerating PO medication and diet
- Discharge home with PO Antibiotics

**See page 2 for antibiotic dosing and frequency recommendations*



Medication Table for Antibiotics to Manage Retropharyngeal Abscess in Emergency Department, General Peds floor Inpatient, and PICU

Indication	Drug	Dose & Frequency	Targeted Pathogens
Outpatient/Discharge	Amoxicillin/Clavulanate	22.5mg/kg/dose PO BID Max dose 875mg	<i>S.pyogenes</i> MSSA <i>H.influenzae</i> oral anaerobic flora
Outpatient/Discharge with penicillin allergy	Clindamycin	10mg/kg/dose PO TID Max dose 600mg	Same as above- allergy alternative to amoxicillin
Inpatient	Ampicillin/Sulbactam	50mg/kg/dose IV Q6H Max dose 2000mg	<i>S.pyogenes</i> MSSA <i>H.influenzae</i> oral anaerobic flora
Inpatient with penicillin allergy	Clindamycin	13mg/kg/dose IV Q8H Max dose 900mg	Same as above- allergy alternative to ampicillin
Inpatient if <2 years old and/or history of MRSA	Ampicillin/Sulbactam + Clindamycin	See above	Same as above + MRSA
PICU	Ampicillin/Sulbactam +	Ampicillin/Sulbactam 50mg/kg/dose IV Q6H Max dose: 2000mg	<i>S.pyogenes</i> MSSA <i>H.influenzae</i> oral anaerobic flora
	Vancomycin	Vancomycin 15mg/kg/dose IV Q6H Max dose: 1000mg	MRSA
PICU with penicillin allergy	CeftRIAXone +	Ceftriaxone 75mg/kg/dose IV Q24H Max dose: 2000mg	<i>S.pyogenes</i> MSSA <i>H.influenzae</i>
	Vancomycin +	Vancomycin 15mg/kg/dose IV Q6H Max dose: 1000mg	MRSA
	MetroNIDAZOLE	Metronidazole 12.5mg/kg/dose IV Q8H Max dose: 500mg	oral anaerobic flora