ED/Inpatient Deep Neck Infections Care Guideline

Inclusion Criteria: presence of fever, decreased neck movement, dysphagia, inability to tolerate secretions, change in voice, stertor, stridor

Exclusion Criteria: immune compromised status, trauma, recent neck surgery, hemodynamic instability, impending respiratory failure, neonatal (<3 months)

Assess airway status

Tripoding
Significant drooling
Toxic appearance
Orthopnea

If work-up negative
Consider discharge with strict return precautions +/- po abx

If work-up positive -> Admit

Antibiotics:
- Amoxicillin/sulbactam 37.5 mg/kg IV q6h, infants, 50 mg/kg IV q6h children, 1,000 mg IV q6h > 20 kg
  or
- Linezolid 10 mg/kg IV q 8h <12 yrs or 600 mg IV or po q12h > 12 years
- Arrange for PICU admit
- ID Consult

Imaging as indicated
- US Neck (if superficial foci/swelling)
  or
- CT Neck with IV contrast (if deeper foci suspected)
  or
- MRA Neck with IV contrast if clinical evidence of vessel thrombosis/aneurysm

Recommendations/Considerations

Deep Neck Infections

Retropharyngeal Abscess
- Ages: 2-4 years
- Risk factors: recent URI, OP trauma

Peritonsillar Abscess
- Peaks in adolescence (average 13.6 yr)

Parapharyngeal Space Infections
(Lateral pharyngeal space infection)
- Most often arises via contiguous spread of infection from a peritonsillar or retropharyngeal abscess

Common Pathogens: Group A Streptococcus, Staph aureus (including MRSA), Haemophilus species, Bacteroides, Prevotella, Fusobacterium, Veillonella Peptostreptococcus and Propionibacterium. Infections are usually polymicrobial.

Complications: airway obstruction, aspiration pneumonia, carotid artery pseudoaneurysm or rupture resulting in sepsis or hemorrhage, Internal jugular vein thrombosis, septic thrombophlebitis of internal jugular vein (Lemierre Syndrome), mediastinitis

Education
Cerner Discharge Education - Peritonsillar Abscess

Drainable Abscess

< 2 years
or
> 2cm

Yes
- Continue IV antibiotics
- Reassess for clinical improvement
- ENT consult if no improvement in 48 hours, or worsening

No
- Consult ENT
- Consider ID consult
- Keep NPO
- IV Fluids
- Continue IV antibiotics
- Evaluate need for surgical drainage

Discharge Criteria
- Afebrile
- Free range of motion
- Resolution of neck swelling
- No respiratory difficulty
- Tolerating diet
- Antibiotic course prescribed

Approved Evidence Based Medicine Committee
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Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

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References
Deep Neck Abscess

