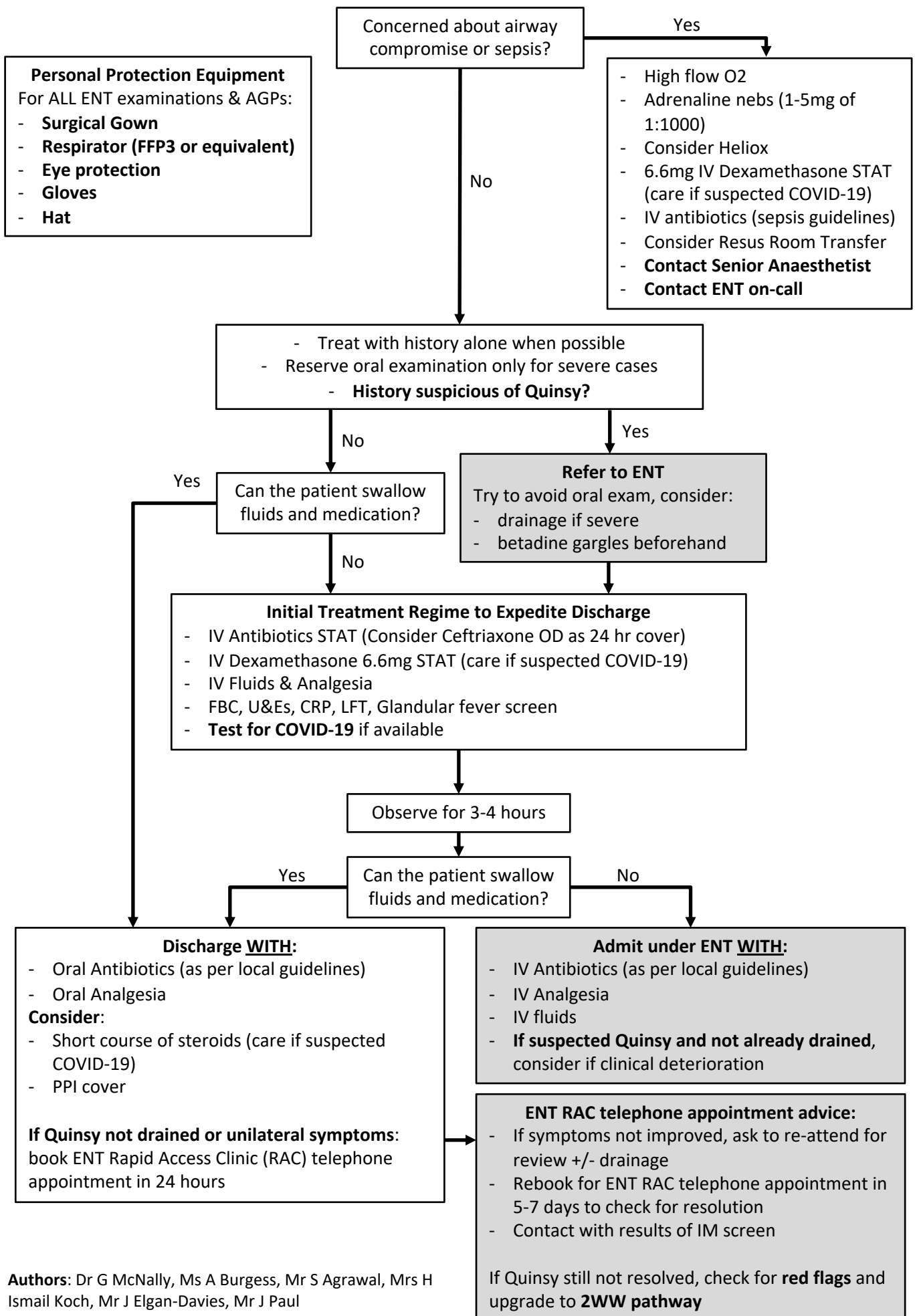


ENT UK COVID-19 Adult Tonsillitis & Quinsy Guidelines



Personal Protection Equipment
For ALL ENT examinations & AGPs:

- Surgical Gown
- Respirator (FFP3 or equivalent)
- Eye protection
- Gloves
- Hat

Concerned about airway compromise or sepsis?

Yes

- High flow O2
- Adrenaline nebs (1-5mg of 1:1000)
- Consider Heliox
- 6.6mg IV Dexamethasone STAT (care if suspected COVID-19)
- IV antibiotics (sepsis guidelines)
- Consider Resus Room Transfer
- Contact Senior Anaesthetist
- Contact ENT on-call

No

- Treat with history alone when possible
- Reserve oral examination only for severe cases
- History suspicious of Quinsy?

Yes

Refer to ENT
Try to avoid oral exam, consider:

- drainage if severe
- betadine gargles beforehand

No

Can the patient swallow fluids and medication?

Yes

Initial Treatment Regime to Expedite Discharge

- IV Antibiotics STAT (Consider Ceftriaxone OD as 24 hr cover)
- IV Dexamethasone 6.6mg STAT (care if suspected COVID-19)
- IV Fluids & Analgesia
- FBC, U&Es, CRP, LFT, Glandular fever screen
- Test for COVID-19 if available

Observe for 3-4 hours

Can the patient swallow fluids and medication?

Yes

Discharge WITH:

- Oral Antibiotics (as per local guidelines)
- Oral Analgesia

Consider:

- Short course of steroids (care if suspected COVID-19)
- PPI cover

If Quinsy not drained or unilateral symptoms: book ENT Rapid Access Clinic (RAC) telephone appointment in 24 hours

No

Admit under ENT WITH:

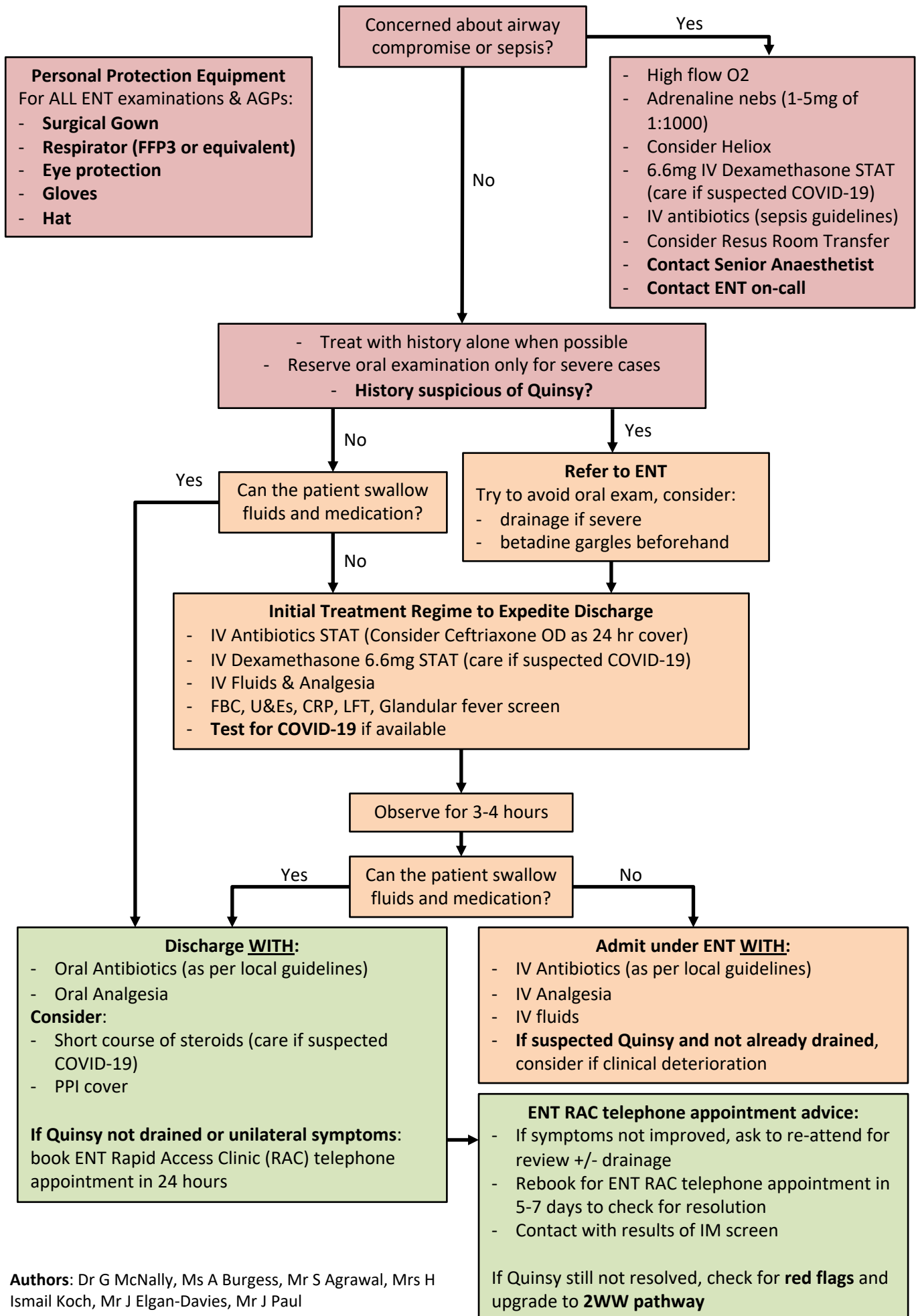
- IV Antibiotics (as per local guidelines)
- IV Analgesia
- IV fluids
- If suspected Quinsy and not already drained, consider if clinical deterioration

ENT RAC telephone appointment advice:

- If symptoms not improved, ask to re-attend for review +/- drainage
- Rebook for ENT RAC telephone appointment in 5-7 days to check for resolution
- Contact with results of IM screen

If Quinsy still not resolved, check for red flags and upgrade to **2WW pathway**

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