

Because of the high specificity of these rapid tests, a positive test result does not require throat culture confirmation. However, the sensitivities of these kits vary considerably and depend on a high quality swab being obtained ([American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012](#)); therefore, a throat culture is recommended for negative test results.

Therapeutic Management

If streptococcal sore throat infection is present, oral penicillin V or amoxicillin is prescribed for 10 days to control the acute local manifestations and to maintain an adequate level for at least 10 days to eliminate any organisms that might remain to initiate RF symptoms. Penicillin does not prevent the development of AGN in susceptible children; however, it may prevent the spread of a nephrogenic strain of GABHS to others in the family. Penicillin usually produces a prompt response within 24 hours. Patients who have a history of RF or who remain symptomatic after a full course of antibiotics may require a follow-up throat swab.

Intramuscular (IM) benzathine penicillin G is an appropriate therapy, but it is painful and is not the first choice for children. An oral macrolide (erythromycin, azithromycin, clarithromycin) is indicated for children who are allergic to penicillin. Other antibiotics used to treat GABHS are oral cephalosporins, clindamycin, and amoxicillin with clavulanic acid ([American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012](#)).

Nursing Care Management

The nurse often obtains a throat swab for culture or rapid antigen testing and instructs the parents about administering oral antibiotics and analgesics as prescribed. Cold or warm compresses to the neck may provide relief. In children who can cooperate, warm saline gargles may offer relief of throat discomfort. Ibuprofen (for ages 6 months and older) and acetaminophen may be effective in decreasing throat pain; liquid preparations or chewable forms may be preferable because of the pain associated with swallowing. Pain may interfere with oral intake, and children should not be forced to eat, but fluid intake is essential. Cool liquids, ice chips, or