Cervical Spine Injury	
Workup & Treatment	• Place patient in C-collar prior to history and physical • Assess for: ▪ Altered mental status or neurologic deficit • If present, obtain lateral c-spine films in collar. Consider CT if high clinical concern for neurologic deficit or severe mechanism of injury ▪ Distracting injuries (any upper torso fracture or other injury that may alter the patient's pain perception) ▪ Midline cervical tenderness ▪ Dangerous mechanism: struck by motor vehicle; motor vehicle crash with rollover, ejection or death of another passenger; diving; fall from greater than 3 feet. ▪ Presiding risk for C-spine injury (e.g. Trisomy 21) • If any of the above are present, obtain lateral C-spine film • If none of the above are present, defer imaging and remove collar. If pain with active ROM, return patient to collar, obtain cervical spine films ▪ If imaging abnormal, consult orthopedics/neurosurgery ▪ If imaging normal, reassess patient, and if persistent midline neck tenderness, place in long-term C-collar ("Miami J") → refer to spine clinic → usually able to discharge

Deep Neck Space Infections	
Peritonsillar Abscess	
Sources	**CHOP Clinical Pathway**
Definition	Suppurative collection in tonsils with extension into the peritonsillar space
Epidemiology	Most common in adolescents
Etiology	Polymicrobial, S. pyogenes is most common, less common – anaerobes, S. aureus
Pathogenesis	Pharyngitis → progresses to abscess
Clinical	Fever, pharyngitis, unilateral pain, muffled (hot potato voice), trismus, drooling
Workup	• **History**: Fever duration, neck ROM, PO intake, foreign body, trauma hx, recent ENT surgery, recent abx • **Exam**: Peritonsillar fullness. Drooling, displacement of uvula away from affected side, peritonsillar fluctuance, ipsilateral cervical lymphadenopathy • **Labs**: Not routinely indicated • **Imaging**: Not routinely indicated
Treatment	• Drainage by ORL: ▪ Bedside needle aspiration in older children may be appropriate ▪ Incision and drainage • Antibiotics – Clindamycin or Ampicillin-Sulbactam
Complications	Airway obstruction, aspiration PNA, sepsis, jugular vein thrombosis or thrombophlebitis (Lemierre syndrome), carotid rupture, other deep neck space infections, mediastinitis
Parapharyngeal Abscess	
Definition	Suppurative collection in the area of the lateral neck from the skull to the hyoid bone.
Etiology	Polymicrobial, S. pyogenes, S. aureus, anaerobes.
Pathogenesis	Spread of infection into lateral aspect of neck from pharyngitis, tonsillitis, parotitis, otitis, mastoiditis and dental infections.
Presentation	Symptoms can be subtle. Fever, pharyngitis, neck stiffness, dysphagia/odynophagia, muffled (hot potato voice) trismus, drooling, respiratory distress or stridor.

Deep Neck Space Infections continued on next page →