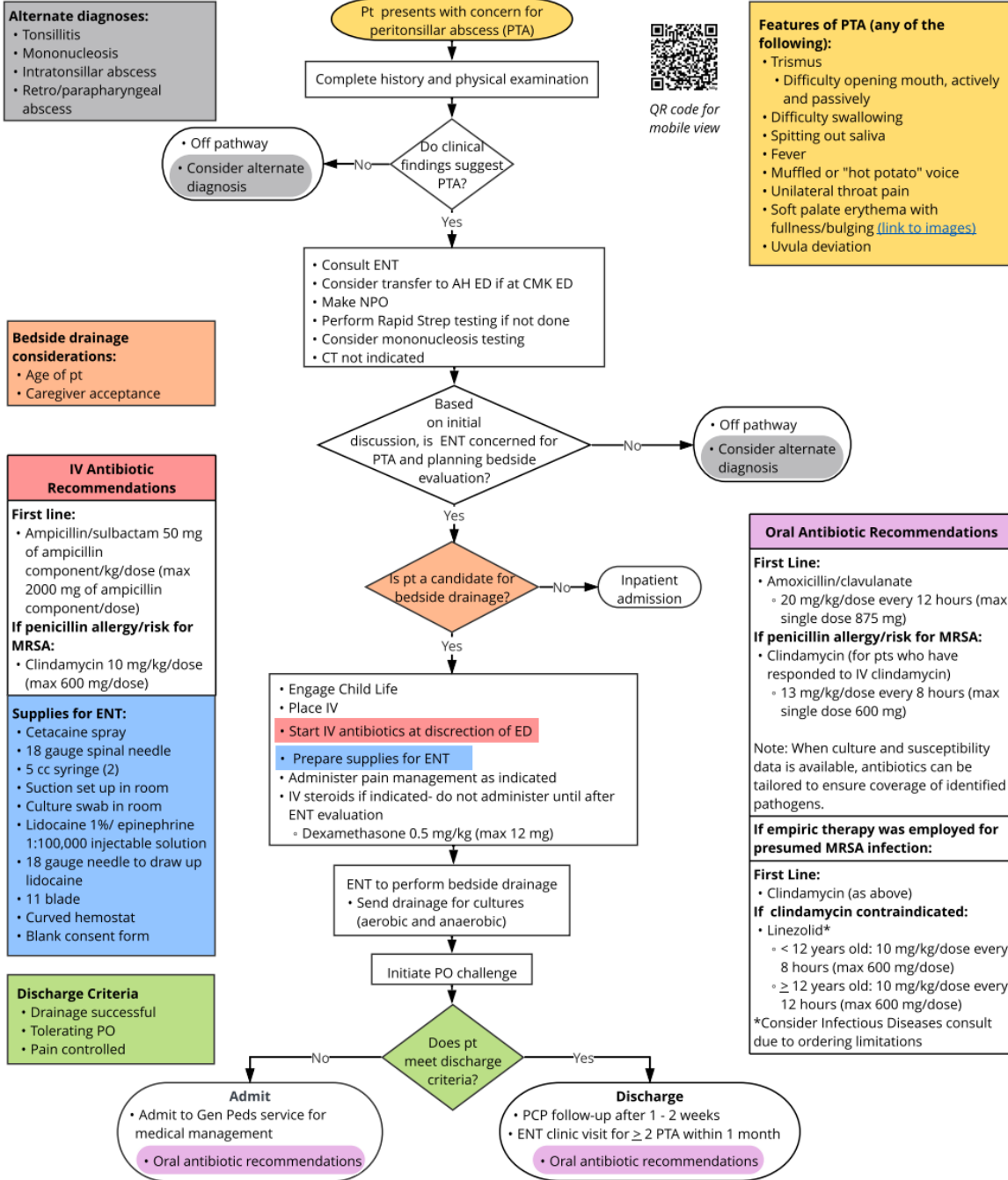


Peritonsillar Abscess Clinical Pathway Synopsis

Peritonsillar Abscess (PTA) Algorithm



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Objective of Clinical Pathway

The objective of this clinical pathway is to provide care standards for patients with concern for peritonsillar abscess. The aim is to create guidance for these patients from the point of presentation to the Emergency Department with concern for peritonsillar abscess through appropriate assessment and management of the patient to determine appropriate continuance of care.

Background

The American Academy of Family Physicians provides guidance for managing the patient with peritonsillar abscess (Galioto, 2017). However, there is a need for standardization of the process for caring for these patients in the Children's Mercy Emergency Department. This pathway was developed to address the existing gaps in assessment of the patient for symptoms, timely consultation of Otolaryngology (ENT), preparation for bedside drainage, administration of antibiotics, and determination of the patient's disposition for discharge or admission.

Target Users

- Physicians (Emergency Department, ENT)
- Advance Practice Providers
- Nurses

Target Population

Inclusion Criteria

- Patients presenting with concern for peritonsillar abscess

Practice Recommendations

A clinical practice guideline has not been established to address the care process for patients experiencing peritonsillar abscess. Practice recommendations are based on the expert opinion of providers involved in the interprofessional care of patients presenting to the Emergency Department with concern for peritonsillar abscess.

Additional Questions Posed by the Clinical Pathway Committee

No clinical questions were posed for this review.

Recommendation Specific for Children's Mercy

Practice recommendations, which were based on expert opinion, include:

- Early recognition of features of peritonsillar abscess
- Appropriate consultation of the Otolaryngology team
- Preparation for potential bedside drainage, including engaging Child Life and administration of antibiotics, pain management, and/or steroids as indicated
- Determination of disposition for admission vs. discharge following bedside drainage, including instructions for follow-up

Measures

- Utilization of the Peritonsillar Abscess Clinical Pathway

Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families and reducing costs and resource utilization for healthcare facilities.

- Decreased risk of overdiagnosis or underdiagnosis
- Decreased risk of overtreatment for patients not meeting criteria for diagnosis of peritonsillar abscess
- Decreased frequency of admission
- Decreased length of stay
- Decreased unwarranted variation of care

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Organizational Barriers and Facilitators

Potential Barriers

- Variability of acceptable level of risk among providers
- Challenges with follow-up faced by some families

Potential Facilitators

- Collaborative engagement across care continuum settings during clinical pathway development
- High rate of use of the clinical pathway

Diversity/Equity/Inclusion

Our aim is to provide equitable care. These issues were discussed with the committee, reviewed in the literature, and discussed prior to making any practice recommendations.

Power Plans

- There are no power plans associated with this clinical pathway.

Associated Policies

- There are no policies associated with this clinical pathway.

Education Materials

- There are no educational materials associated with this clinical pathway

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Peritonsillar Abscess Clinical Pathway Committee composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Peritonsillar Abscess Clinical Pathway Committee Members and Representation

- Jennifer Bitner, APRN, FNP-C | Emergency Department | Committee Co-chair
- Laura Neff, MD, MPH | Otolaryngology | Committee Co-chair
- Christopher Kennedy, MD | Emergency Department | Committee Member
- Mauro Rodriguez, DO | Pediatric Emergency Medicine Fellow | Committee Member

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Megan Gripka, MT (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Otolaryngology; Emergency Medicine; Evidence Based Practice

Conflict of Interest

The contributors to the Peritonsillar Abscess Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the Peritonsillar Abscess Clinical Pathway Committee, Content Expert Departments/Divisions, and the EBP Department; after which they were approved by the Medical Executive Committee.
- Pathways are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert teams are involved with every review and update.

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Review Requested

Department/Unit	Date Obtained
Otolaryngology	October 2024
Emergency Medicine	October 2024
Evidence Based Practice	October 2024

Version History

Date	Comments
December 2024	Version one – development of algorithm and power plan

Date for Next Review

- 2027

Implementation & Follow-Up

- Once approved, the pathway was presented to appropriate care teams and implemented. Care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur.
- Education was provided to all stakeholders:
 - Nursing units where the Peritonsillar Abscess Clinical Pathway is used
 - Providers from Otolaryngology and Emergency Department
 - Resident physicians
- Additional institution-wide announcements were made via email, hospital website, and relevant huddles.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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References

Galioto N. J. (2017). Peritonsillar Abscess. *American family physician*, 95(8), 501–506.

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