SORE THROAT

Symptoms: A painful, tender feeling at the back of the throat. May have swollen tonsils, enlarged and tender glands in the neck. Sore throat is commonly caused by a viral or bacterial infection and is usually associated with common cold and influenza. May also experience a raised temperature of 38°C or above, aching muscles, tiredness, a cough and runny nose. Symptoms usually pass within three to seven days.

Pharmacist should refer to a clinician if patient presents with any of the following Red Flags

- **Breathing** - Find it hard to breathe in and throat feels like it’s closing up
- **Fluid intake** – Throat soreness preventing fluid intake leading to becoming dehydrated
- **Drooling and swallowing** – This is an emergency
- **Voice** – The voice becomes muffled not just hoarse
- **Severity** - Severe pain that does not respond to OTC painkillers.
- **Temperature** - Persistent raised temperature above 38°C, which is not reduced by medication
- **Glandular fever** - If sore throat a persists for 10 to 14 days or gets worse and is associated with fatigue and swollen glands (especially if the person is 15-25 years of age)
- **Bacterial tonsillitis** - Red and/or white patches on tonsils, or ulceration or swelling of the oral/pharyngeal mucosa
- **Reduced immunity** - Patients who are at risk of immunosuppression e.g. HIV, undergoing chemotherapy, taking immunosuppressive medicines
- **Persistent symptoms** – Need to rule out suspected throat cancer

Always follow WWHAM protocol and advise to read PIL before taking any medicine

Significant interactions/warnings

**Paracetamol:**
- Metoclopramide and domperidone increase speed of absorption
- Colestyrmine reduces absorption
- Do not take with any other product that contains paracetamol

**Ibuprofen:**
- May exacerbate asthma
- Corticosteroids/anticoagulants can increase risk of GI ulceration or bleeding
- Warfarin – may increase risk of bleeding
- Do not take with any other NSAIDs or if allergic to any NSAIDs

Please refer to the British National Formulary and individual product packaging for cautions and contra-indications

Self care advice

- **No need for antibiotics** – Reassure that a sore throat is generally self limiting and normally does not require antibiotic treatment
- **Food and drink** - Avoid food or drink that is too hot. Instead eat cool, soft food and drink cool or warm liquids. Adults and older children may find sucking throat lozenges, hard boiled sweets, ice or flavoured frozen desserts (such as ice lollies) provide additional symptomatic relief
- **Fluid intake** – Drink at least 6 to 8 glasses of fluid (preferably water) every day, particularly if fever is present
- **Mouthwash** - Regular use of simple mouthwashes (e.g. warm salty water) at frequent intervals until discomfort and swelling subsides
- **Smoking** - Avoid smoking and smoky environments if possible
**Treatment option ONE**

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**Oral systemic analgesics - Adults**

- **Ibuprofen 200mg**
- **Paracetamol 500mg**

**Adults and children over 12 years**: 1 or 2 tablets with water, up to three times daily as required. Leave at least 4 hours between doses. Do not take more than 6 tablets in 24 hours.

If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist.

**Adults and children over 12 years**: 1-2 tablets every 4-6 hours, as required. No more than 8 tablets in 24 hours.

If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist.

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Paracetamol will provide pain relief within 30 to 60 minutes and helps to reduce temperature. Ibuprofen reduces pain and helps to reduce inflammation. Paracetamol and ibuprofen can be used in conjunction with one another **in adults** and are safe to be taken at the same time, however there is benefit in taking them 2-3 hours apart.

**For children 3 to 12 months**

- **Paracetamol 120mg/5ml suspension** (in a dose appropriate for their age)
- **Ibuprofen 100mg/5ml suspension** (in a dose appropriate for their weight and age)

**Paracetamol**: For both age ranges: **No more than 4 doses in 24 hours**

- 3 to 6 months: **One 2.5ml dose (60mg)** every 4 to 6 hours
- 6 to 12 months: **One 5ml dose (120mg)** every 4 to 6 hours

**Ibuprofen**: 3 to 6 months (if above 5kg): **One 2.5ml dose (50mg) 3 times a day** (every 6 to 8 hours)

- 6 to 12 months: **One 2.5ml dose (50mg) 3 to 4 times a day** (every 6-8 hrs)

For both ages: **Max 30mg/kg daily** in 3-4 divided doses. Not suitable for children under 5kg or under 3 months, or with suspected asthma (unless advised by a doctor)

**For children 12 months to 6 years**

- **Paracetamol 120mg/5ml suspension** (in a dose appropriate for their age)
- **Ibuprofen 100mg/5ml suspension** (in a dose appropriate for their weight and age)

**Paracetamol**: For all age ranges: No more than 4 doses in 24 hours

- 12 months to 2 years: **One 5ml dose (120mg)** every 4 to 6 hours
- 2 to 4 years: **One 7.5ml dose (180mg)** every 4 to 6 hours
- 4 to 6 years: **One 10ml dose (240mg)** every 4 to 6 hours

**Ibuprofen**:

- 12 months to 4 years: **One 5ml dose (100mg) 3 times a day** (every 6-8 hrs)
- 4 to 6 years: **One 7.5ml dose (150mg) 3 times a day** (every 6-8 hrs)

For both ages: **Max 30mg/kg daily** in 3-4 divided doses. Not suitable for children with asthma (unless advised by a doctor)
Patients may wish to use additional treatment options to provide local symptomatic relief from the sore throat.

**Additional treatment options**

- **Antibacterials and antiseptics**
  - e.g. Benzalkonium chloride, Hexetidine (e.g. Beechams Max Strength Lozenges)

- **Anti-inflammatories**
  - e.g. Benzydamine (e.g. Difflam Spray)

- **Local anaesthetics**
  - e.g. Benzocaine (e.g. Tyrozets)

- **Demulcents**
  - e.g. Glycerin

- **Paracetamol 250mg/5ml suspension** (in a dose appropriate for their age)

- **Ibuprofen 100mg/5ml suspension** (in a dose appropriate for their weight and age)

**Treatment option ONE - continued**

**Paracetamol**: For all age ranges: No more than 4 doses in 24 hours
- 6 to 8 years: One 5ml dose (250mg) every 4 to 6 hours
- 8 to 10 years: One 7.5ml dose (375mg) every 4 to 6 hours
- 10 to 12 years: One 10ml dose (500mg) every 4 to 6 hours

**Ibuprofen**:
- 6 to 7 years: One 7.5ml dose (150mg) 3 times a day (every 6-8 hrs)
- 7 to 10 years: One 10ml dose (200mg) 3 times a day (every 6-8 hrs)
- 10 to 12 years: One 15ml dose (300mg) 3 times a day (every 6-8 hrs)

For both ages: **Max 30mg/kg (up to 2.4g) daily** in 3-4 divided doses. Not suitable for children with asthma (unless advised by a doctor).

Paracetamol and ibuprofen should not be given at the same time in children. If the child does not respond to one and is still in distress then the alternative should be considered for the next dose. Note – individual product licenses for age/dose for ibuprofen products may vary. Always check the pack for details. Treatment should only be continued as long as child is responding up to a max 3 days. If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist.

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Follow-up Treatment – Pharmacist only

Always follow WWHAM protocol and advise to read PIL before taking any medicine

Oral systemic analgesics

- Ibuprofen 200mg
- Paracetamol 500mg

**Adults and children over 12 years**:
- 1 or 2 tablets with water, up to three times daily as required. Leave at least 4 hours between doses. Do not take more than 6 tablets in 24 hours.
- If symptoms persist for more than 7 days or get worse consult your doctor.
- **Children**:
  - Follow the dosing guidance outlined in Treatment option 1
  - If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist or consult your doctor.

**Paracetamol**

Paracetamol will provide pain relief within 30 to 60 minutes and helps to reduce temperature. Ibuprofen reduces pain and helps to reduce inflammation. Paracetamol and ibuprofen can be used in conjunction with one another in adults and are safe to be taken at the same time, however there is benefit in taking them 2-3 hours apart.

**Additional treatment options**

- **Antibacterials and antiseptics**
  - e.g. Benzalkonium chloride, Hexetidine (e.g. Beechams Max Strength Lozenges)
- **Anti-inflammatories**
  - e.g. Benzydamine (e.g. Difflam Spray)
- **Local anaesthetics**
  - e.g. Benzocaine (e.g. Tyrozets)
- **Demulcents**
  - e.g. Glycerin

**Available as lozenges, throat sprays, gargles and linctus.**

- If the lozenges or sprays alone are not fully effective they can usually be taken together.
- Please see the individual packs for guidance and dosage instructions. The patient should consult a doctor if symptoms persist or worsen after using the product.

Patients may wish to use additional treatment options to provide local symptomatic relief from the sore throat.