

Retro-Pharyngeal Abscess Pathway

Version: 1

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1.0 Introduction

Retropharyngeal abscesses (RPAs) occur when retropharyngeal lymphadenitis suppurates and forms an abscess. RPAs often follow upper respiratory tract infections and are classically seen in children < 5 years of age. They present with fever, reduced neck movement due to pain (especially lateral movement), irritability, dysphonia, dysphagia, excessive drooling, or even symptoms of upper airway compromise. Early diagnosis and management are essential, as RPAs can be associated with significant morbidity and mortality. All patients with RPA will require admission to hospital for IV antibiotics and some will also need surgical drainage.

In patients who are unwell, septic, have signs of upper airway compromise, or are not responding to IV antibiotics, a CT scan is indicated as the definitive diagnostic test and is necessary prior to surgical drainage. In well patients without signs of sepsis or upper airway compromise, empiric IV antibiotics started after an abnormal lateral neck x-ray are often curative. Well patients who respond to empiric IV antibiotics rarely need CTs.

This Clinical Practice Guideline is intended to guide the investigation, treatment, and management of patients who present to SickKids Hospital with suspicion of an RPA.

Objectives:

In the target population, the objectives of this Clinical Practice Guideline are to:

- Improve standardization of care for patients with RPAs across the continuum of care
- Streamline the care of these patients from hospital arrival to discharge
- Decrease the use of unnecessary diagnostic studies
- Outline each service's role and responsibilities, as well as, facilitate clear communication and handover among parties
- Optimize the patient experience when presenting to the hospital with this condition

Target Users:

Include, but are not limited to:

- Emergency Medicine physicians, nurses, nurse practitioners, physician assistants, and trainees
- Paediatric Medicine physicians, nurse practitioners, and trainees
- ENT physicians, nurse practitioners, and trainees
- Pharmacists

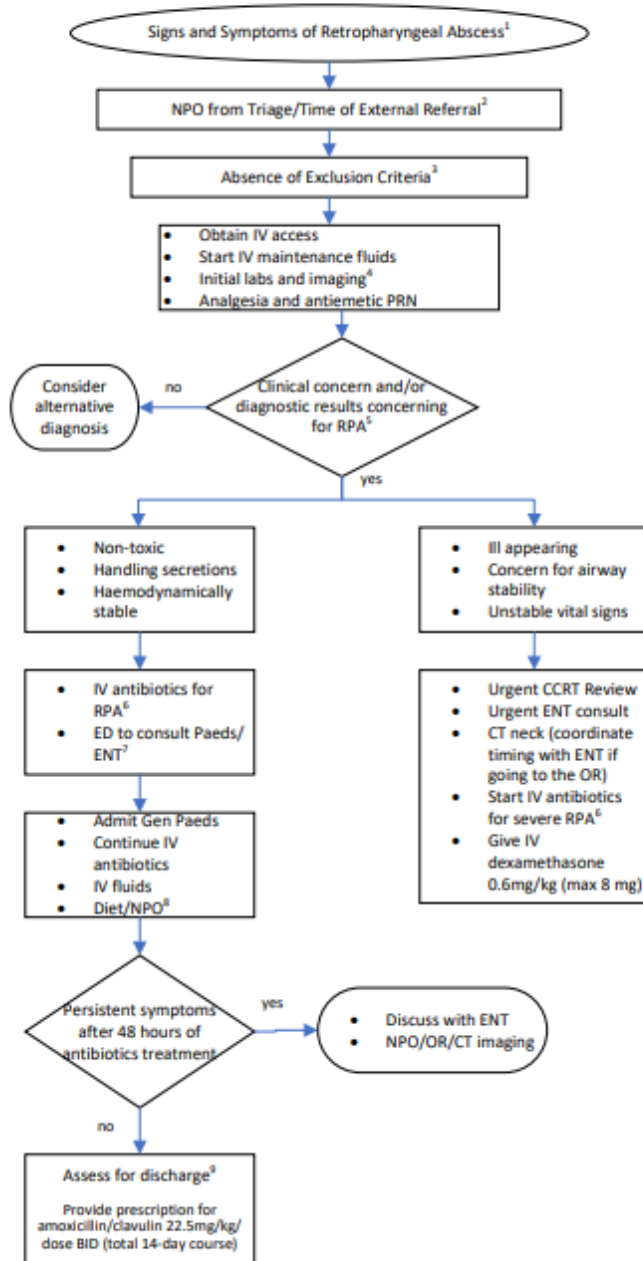
2.0 Clinical Practice Recommendations

Target Population:

- **Inclusion criteria:** This management pathway is primarily intended for use in clinically stable children $\geq$ 12 months of age with a diagnosis or suspected diagnosis of Retropharyngeal Abscess without signs of upper airway compromise
- **Exclusion criteria:** The Clinical Practice Guideline is not intended for use in patients who:
 - Age < 12 months
 - Have a compromised airway
 - Are systemically ill (septic or in shock)
 - Are immunocompromised
 - Have had previous neck or airway surgery
 - Have head, neck, or airway trauma
 - Have trismus or a deviated uvula
 - Have a peritonsillar abscess on oral examination

Clinical Practice Guideline:

Retropharyngeal Abscess, Clinical Practice Guideline

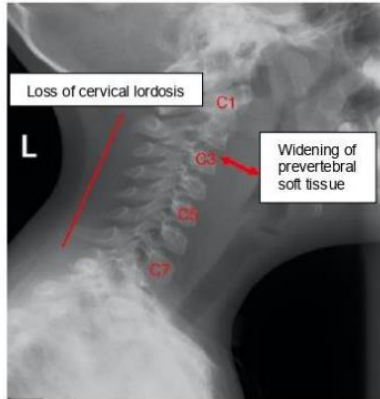


1. Signs and Symptoms of RPA
- Fever - Decreased neck movement (especially laterally) - Change in voice - Decreased PO intake - Drooling
2. External Referrals
- NPO immediately from referral - Direct transfer to SickKids - Get contact details of referring Physician & Family
3. Exclusion Criteria
- Compromised airway - Patient septic or in shock - Immunocompromised - Previous neck or airway surgery - Head, neck or airway trauma - Age < 12 months - Suspected peritonsillar abscess (i.e. trismus, uvula deviation)
4. Initial Labs and Imaging
- Electrolytes (Na, K, Cr, Glu) - CBC + diff - CRP - Blood cultures if < 2 years or ill appearing - X-ray soft tissue neck
5. Results Concerning for RPA
- Elevated CRP and WBC - X-ray findings suggestive of RPA (see page 2)
6. IV Antibiotics for RPA
- First Line: IV Amoxicillin/Clavulin (refer to e-Formulary for dosing) - For penicillin allergy: IV Clindamycin +/- IV Vancomycin - If MRSA, OR if failed first line treatment OR systemically unwell then: IV Vancomycin + IV Ceftriaxone
7. ENT Consult in ED
Patients who are stable, well and without signs of Airway Compromise may not need an out of hours ENT consult
8. Diet/NPO
- NPO from midnight every night (guidelines: 8 hours from the last ingestion of solids, 6 hours for formula/milk, 4 hours for breast milk, 2 hours for clear fluids) Review in the AM: - If improving, diet as tolerated - If not improving, keep NPO and discuss with ENT
9. Discharge Criteria
- Well appearing - Vitals stable or improving fever pattern - Tolerating diet (no IV hydration required) - Improving neck ROM - Ensure close follow up with PCP and/or ENT prior to discharge

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Printable version:

<https://sickkidsca.sharepoint.com/sites/Policies/SickKidsDocuments/CLINH432/RPA%20Drawing%20Nov%2018.pdf>

Interpretation of Lateral X-Rays of Soft Tissue of the Neck	
Radiological Findings Suggestive of Retropharyngeal Abscess	
1. Widening of the retropharyngeal space 2. Loss of normal cervical lordosis 3. Presence of retropharyngeal air	
Prevertebral soft tissue	
• Thickness depending on the level and the age of the child • Normal prevertebral soft tissue measurements: ○ In older children, prevertebral soft tissue is less than the width of half a vertebral body down to C3/4 level ○ From C5 onwards it is acceptable for prevertebral tissue to be up to the width of a vertebral body • RPA prevertebral soft tissue measurements: ○ Thickening greater than 7 mm at the level of the second cervical vertebrae or greater than 14 mm at the level of the sixth cervical vertebrae *If there is a strong clinical suspicion for RPA, please consult ENT regardless of prevertebral soft tissue measurements	Normal Upper Airway Anatomy  Retropharyngeal Abscess  Loss of cervical lordosis Widening of prevertebral soft tissue Virk JS, Pang J, Okhovat S. Analysing lateral soft tissue neck radiographs. Emerg Radiol 2012;19(3):255-60

3.0 Evaluation

Evaluation Plan

- Compare baseline pre-implementation and post-implementation data for:
 - Number and timing of CT scans completed on children with suspected RPA and indications documented for imaging
 - Duration and selection of antibiotics for patients treated for RPA
 - Length of stay of patients with RPA who appear non-toxic at presentation
- Evaluate utilization of the order set

4.0 Guideline Group and Reviewers

Guideline Group Membership:

1. Phuong Ho, Paediatric Nurse Practitioner, Paediatric Medicine
2. Dr Hosanna Au, Staff Physician, Paediatric Medicine
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Internal Reviewers:

Kathryn Timberlake, Pharmacist, Antimicrobial Stewardship

5.0 Statement of Evidence

The recommendations presented in this guideline and the associated pathway have been created through an interdisciplinary panel of experts following extensive review of the literature, retrospective assessment and evaluation of patient data from the SickKids, and review of existing clinical guidelines. Reference lists of published guidelines and articles were also reviewed. Two key guidelines from CHOA and CHOP (3,4) were assessed in the development of this guideline. The guideline is up to date with current clinical management recommendations for RPA treatment. Lastly, there was no conflict of interest amongst the panel in the development of the CPG.

6.0 References

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7.0 Related Documents

- [Neck Infection Clinical Pathway](#): Children's Hospital of Philadelphia
- [Clinical Practice Guideline for Management of Retropharyngeal Abscess](#): Children's Hospital of Atlanta
- [Retropharyngeal Abscess](#): Radiopaedia
- [Retropharyngeal Abscess](#) : British Medical Journal Best Practice