

Tonsillitis

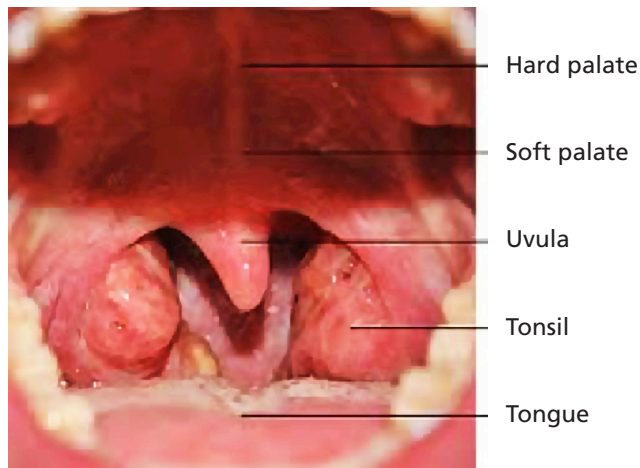
Information for parents and/or caregivers

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about your child having tonsillitis.

What is Tonsillitis?

Tonsillitis is an infection of the tonsils. Tonsils are glands on either side of the back of your throat. The tonsils are part of the immune system, which protects and helps the body fight infections (see diagram below)

Tonsillitis is very common and can occur at any age. It is most common in children and young adults.



What causes Tonsillitis?

Tonsillitis is mostly caused by a virus and is often preceded by a cold (runny nose, cough and sore eyes) with fewer cases (about one in seven) are caused by bacteria. The most common type of bacteria involved is streptococcus also known as 'strep' throat.

What are the symptoms?

People with tonsillitis often have:

- Sore throat and neck
- Pain when they swallow
- Drooling (in children)
- Fever
- Loss of appetite

- Generally feeling unwell
- Red and swollen tonsils (sometimes with pus)
- Swollen and tender lymph nodes (glands) at either side of the neck
- A change in the sound of their voice (sounding hoarse or muffled)
- Children may complain of tummy (abdominal) pain without having a sore throat and they may vomit
- Young children may just have a fever

Treatment

The treatment will depend on whether you have a bacterial or viral infection. Simply looking at the tonsils does not always reveal the cause (bacteria or viral).

A throat swab may be taken to test for bacteria. If bacteria are present, then antibiotics may be prescribed to help recovery. If you are given antibiotics, you must finish all the medicine, even if your child feels better after a few days.

Some children are likely to need antibiotics, including:

- Aboriginal and Torres Strait Islander children, and those from the Pacific Islands
- Those who have previously had rheumatic heart disease (which is rare in Australia)
- Children with severe forms of tonsillitis, especially if there is a rash (known as Scarlet fever)
- Children who have complications, such as an abscess behind the tonsil or in the glands in the neck.

If there is difficulty with swallowing, some children are prescribed Prednisolone (an anti-inflammatory corticosteroid medication) as well as or instead of antibiotics. Prednisolone reduces swelling of the tonsils.

If your child is extremely unwell, drooling and having difficulty breathing, call an ambulance immediately.

A blood test may be needed to test for glandular fever.

If the cause of tonsillitis is a virus, antibiotics will not help. A blood test may be needed to find the type of virus, especially if the infection does not clear up within two weeks.

Care at Home

- Take paracetamol or ibuprofen for pain. Carefully check the label for the correct dose and make sure you are not giving your child any other products containing paracetamol (such as cold and flu preparations)
- Plenty of rest
- Plenty of fluids
- Offer soft easy to eat foods such as jelly, ice-cream, soup. Do not worry if your child stops eating for a day or two. They will eat when they are feeling better.
- Throat spray, lozenges and gargles may help and are available from pharmacies. Ask your pharmacist for more information.

What to expect

Many people improve in the first day or two.
Most people feel better within a week.

A collection of pus around one tonsil (called quinsy) may form in some people. This causes severe pain on one side of the throat and can make it difficult to swallow and even breathe. Antibiotics can help, but minor surgery maybe needed to drain the pus.

If antibiotics are started, make sure that the course of antibiotics that is prescribed is taken until finished.

In children under the age of seven, the tonsils are normally large and defences against infection are not fully developed. This means that some young children can have repeated attacks of tonsillitis.

The attacks of tonsillitis will become less frequent as the child grows older.

Surgery is only needed if a child has many attacks in a year or has problems breathing because of large tonsils. If you are concerned please speak to your doctor for more information.

Prevention

Colds easily spread from person to person from coughs, sneezes, and infected fluids from the throat and nose. People can pass on viruses when they first show signs of being sick until five days after the illness starts.

You can try to avoid infections spreading by:

- Good Hand washing
- Keeping your child away from others while unwell. If your child is on antibiotics for a bacterial infection, it will be safe to be around others after 24 hours on antibiotics.
- Keep drinking cups, cutlery and toys separate from others. Washing toys with soap and water before sharing can help stop the spread of infection
- Not sharing toothbrushes
- Not kissing a person with tonsillitis, or kissing someone if you have tonsillitis yourself

When to seek further help

In an emergency dial 000 or present to your local emergency department if your child has any of the following symptoms

- Temperature of 38.3 or above
- Difficulty opening the mouth
- Inability or unwilling to drink or eat
- Stiff or swollen neck
- Worsening pain or pain that persists for a few days without any improvement
- Difficulty in breathing
- Excessive drooling or difficulty in swallowing saliva or fluids

For more information

- See your family doctor
- For 24 hour health advice call - Health direct Australia 1800 022 222
- Parent Helpline 1300 364 100
- Local emergency department

Adapted by

Uptodate: Patient education: sore throat in children (the basics) 2016

Uptodate: Patient education: sore throat in children (beyond the basics) 2016

Tonsillitis factsheet: department of health, Victoria

For more information

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