Best Practice Guideline

I. Indications for Tonsillectomy in Children

II. Diagnosis and Screening

a. Watchful Waiting for Recurrent Throat Infection

   i. Clinicians should recommend watchful waiting for recurrent throat infection if there have been fewer than 7 episodes in the past year or fewer than 5 episodes per year in the past 2 years or fewer than 3 episodes per year in the past 3 years.

b. Recurrent Throat Infection with Documentation

   i. Clinicians may recommend tonsillectomy for recurrent throat infection with a frequency of at least 7 episodes in the past year or at least 5 episodes per year for 2 years or at least 3 episodes per year for 3 years with documentation in the medical record for each episode of sore throat and one or more of the following: temperature >38.3°C, cervical adenopathy, tonsillar exudate, or positive test for Group A β-hemolytic streptococcus (GABHS).

c. Tonsillectomy for Recurrent Infection with Modifying Factor

   i. Clinicians should assess the child with recurrent throat infection who does not meet criteria in Statement 2 for modifying factors that may nonetheless favor tonsillectomy, which may include but are not limited to multiple antibiotic allergy/intolerance, PFAPA (periodic fever, aphthous stomatitis, pharyngitis, and adenitis), or history of peritonsillar abscess

d. Tonsillectomy for Sleep-disordered Breathing (SDB)

   i. Clinicians should ask caregivers of children with SDB and tonsil hypertrophy about comorbid conditions that might improve after tonsillectomy, including growth retardation, poor school performance, enuresis, and behavioral problems

e. Tonsillectomy and Polysomnography (PSG)

   i. Clinicians should counsel caregivers about tonsillectomy as a means to improve health in children with abnormal PSG who also have tonsil hypertrophy and SDB

III. **Follow-up/Surveillance**

a. Outcome Assessment for SDB

i. Clinicians should counsel caregivers and explain that SDB may persist or recur after tonsillectomy and may require further management

b. Post-tonsillectomy Hemorrhage

i. Clinicians who perform tonsillectomy should determine their rate of primary and secondary post-tonsillectomy hemorrhage at least annually

IV. **Treatment Indications**

a. Intraoperative Steroids

i. Clinicians should administer a single, intraoperative dose of intravenous dexamethasone to children undergoing tonsillectomy.

b. Perioperative Antibiotics

i. Clinicians should not routinely administer or prescribe perioperative antibiotics to children undergoing tonsillectomy

c. Postoperative Pain Control

i. The clinician should advocate for pain management after tonsillectomy and educate caregivers about the importance of managing and reassessing pain.

V. **References:**

a. Clinical Practice Guideline: Tonsillectomy in Children.
http://oto.sagepub.com/content/144/1_suppl/S1