ANMC Adult & Pediatric Ambulatory Care Guideline for Acute Sinusitis

Signs & Symptoms	Work Up	Resistance Risk Factors

• Persistent & not improving nasal drainage [of any quality] and/or daytime cough (>10 days)
• Symptoms worsen within 10 days *after* initial improvement (double worsening)
• Nasal obstruction and/or facial pain/pressure/fullness
• Severe onset:
  ○ Concurrent fever >102.2° F **AND**
  ○ Purulent nasal discharge at least 3 consecutive days
	Imaging is not indicated unless concern for orbital or CNS involvement	• Prior antibiotics in past 30 days
		• Age <2 or >65 years
		• Comorbidities
		• Prior hospitalization in past 5 days
		• Attend daycare
		• Immunocompromised
		• Moderate to severe or prolonged signs and symptoms
		• Failure of prior antibiotic therapy
		• Frontal or sphenoidal sinusitis

Initial Management

Watchful waiting	EXCEPTIONS to Watchful Waiting	Symptomatic Relief Medications
• Consider delaying the initiation of antibiotics for mild to moderate onset • Initiate treatment if condition fails to improve by 3 days in children or 7 days in adults • Consider wait-and-see-prescription with follow up in 72 hours to assess improvement	• Severe onset sinusitis • Worsening course • Recurrent acute rhinosinusitis in chronic conditions such as: - Asthma - Ciliary dyskinesia - Cystic Fibrosis - Immunocompromised state	• First Line: Intranasal saline irrigation • Intranasal corticosteroids are recommended as adjunctive in patients with history of allergic rhinitis • Non-opioid analgesics • **Oral** decongestants or antihistamines are **NOT** recommended as adjunctive treatment for acute sinusitis.

Antibiotic Selection

Empiric Antibiotic Treatment	Adults	Duration	Children	Duration
1st Line Treatment	I. **Amoxicillin/clavulanate** 875mg/125mg PO BID	5 days	I. **Amoxicillin/clavulanate** 22.5mg/kg/dose PO BID (max 875mg/dose)	10 days
Type I Penicillin Allergy	I. **Clindamycin** 300mg PO TID **PLUS** **Cefpodoxime** 200mg PO BID II. **Levofloxacin** 500mg PO q24hr	5 days	I. **Clindamycin** 10mg/kg/dose PO TID (max 300mg/dose) **PLUS** **Cefdinir** 14mg/kg PO q24hr (max 600mg/day) II. **Levofloxacin** (max 500mg/day) *6 months to 5 years old:* 10mg/kg/dose PO BID *5 to 16 years of age:* 10mg/kg/dose PO q24hr	10 days
At risk for Antibiotic Resistance→ (See section above for criteria)	I. **Amoxicillin/clavulanate** 875mg/125mg PO BID **PLUS** **Amoxicillin** 1gm PO BID II. **Levofloxacin** 500mg PO q24hr	5 days	I. **Amoxicillin/clavulanate (ES) 600mg/42.5mg/5mL** 45mg/kg/dose PO BID (max 875mg/dose) II. **Clindamycin** 10mg/kg/dose PO TID (max 300mg/dose) **PLUS** **Cefdinir** 14mg/kg PO q24hr (max 600mg/day) III. **Levofloxacin** (max 500mg/day) *6 months to 5 years old*:10mg/kg/dose PO BID *5 to 16 years of age*: 8-10mg/kg/day PO q24hr	10 days

Follow up	Notes
Worse or NO improvement at 3 days: • Reassess and confirm diagnosis, exclude other causes, and detect complications • If watch and wait management, initiate 1st line treatment • If 1st line therapy, consider treatment from *"At risk for antibiotic resistance"* above **If NO improvement from 2nd antibiotic:** Refer to specialist; consider CT sinuses	• Approximately 18% of *H. influenzae* isolates produce beta-lactamases and are resistant to amoxicillin. • **Macrolides** are **NOT** recommended for empiric therapy due to high rates of resistance among *S. pneumoniae* • **Sulfamethoxazole/Trimethoprim** is **NOT** recommended for empiric therapy due to high rates of resistance to *S. pneumoniae* and *H. influenzae* • Routine coverage for MRSA is **NOT** recommended for initial empiric therapy. ▪ **Endoscopic-guided culture** and/or empiric *Staph aureus* coverage (bactrim or doxycycline) should be considered in patients who have had **RECENT SINUS SURGERY**.

ANMC Associated Powerplans: AMB Acute Sinusitis

ANMC Antimicrobial Stewardship Program Approved April 2015; Updated June 2023

(1) Otolaryngology—Head and Neck Surgery 152 (2S), Rosenfeld et. al. April 2015. (2) Pediatric ABRS Guideline 1-18yrs; Pediatrics 2013;132 (3)IDSA Guideline for ABRS, CID, Chow et. al ,March 2012. (4) Meltzer Am J Rhinol Allergy 2013.