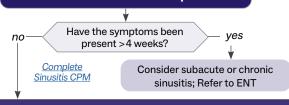


## Diagnosis of sinusitis

Purulent nasal discharge AND nasal obstruction or facial pressure



To diagnose acute bacterial sinusitis (ABS), patient must fall into at least **ONE** of the clinical presentation categories below

SEVERE

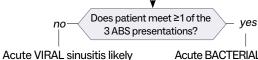
Temperature ≥102.2 °F (39 °C), facial pain / pressure, and purulent nasal discharge for 3 consecutive days

WORSENING

New or worsening sinusitis signs and symptoms AFTER initial improvement or following URI that has lasted ≥7 days Purulent nasal discharge AND facial pain or nasal

**PERSISTENT** 

Purulent nasal discharge AND facial pain or nasa obstruction without improvement for ≥10 days



Acute vinal sinusitis likely

Acute BACTERIAL sinusitis likely

# Treat acute VIRAL sinusitis symptoms

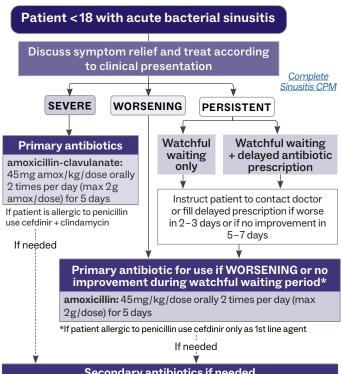
- · Recommend symptomatic therapy\*
- Instruct patient to return if symptoms worsen or persist ≥10 days

Treat as acute **BACTERIAL**sinusitis (see pg 2)

<sup>\*</sup>Symptom relief checklists Ages (0-12) / Spanish; Ages (12-18) / Spanish



#### Treatment of acute bacterial sinusitis



### Secondary antibiotics if needed

#### cefdinir + clindamycin

- cefdinir:14mg/kg/dose orally once per day (max 600mg/dose) 7 days
- clindamycin: 10 mg /kg / dose orally 3 times per day (max 300 mg/dose) for 7 days