

Sinusitis, Acute

Reference
Link

DIAGNOSIS

*Adult
version also
available*

Signs and Symptoms of Sinusitis

*For ages
≥ 12 months*

**CHECK for bacterial signs and symptoms, and
CLASSIFY (any 1 of the following)**

SEVERE

Fever $\geq 39^{\circ}\text{C}$ AND
purulent nasal
discharge for ≥ 3 days

PERSISTENT

Nasal discharge
and/or daytime cough
without improvement
for ≥ 10 days

WORSENING

Worsening or new
onset symptoms
(fever, headache,
cough, and/or nasal
discharge) after initial
improvement and
following a typical
URI of ≥ 7 days

Bacterial signs or symptoms present?

no

VIRAL URI

yes

BACTERIAL infection

Imaging note:

X-ray and CT are **NOT**
recommended for diagnosis
of uncomplicated sinusitis.

Symptom relief (viral and bacterial):

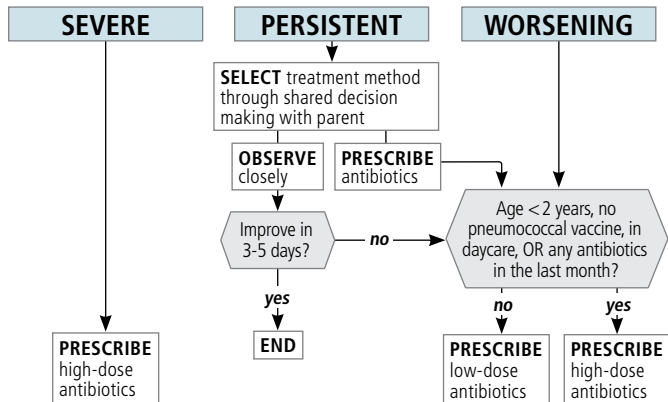
USE: saline rinse, analgesics
DON'T USE: decongestants, cough meds,
antihistamines, mucolytics, nasal sprays

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TREATMENT

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Link

Acute Bacterial Sinusitis



Antibiotics	
Low-dose	Amoxicillin: 45 mg/kg/day in 2 doses (max 1 g/dose) If penicillin allergic: Cefdinir: 14 mg/kg/day in 1-2 doses (max 600 mg/day)
High-dose	Amoxicillin-clavulanate: 80-90 mg/kg/day in 2 doses (max 2 g/dose) If penicillin allergic: Cefdinir: 14 mg/kg/day in 1-2 doses If penicillin allergic and severe symptoms: Clindamycin: 30-40 mg/kg/day in 3 doses (max 600 mg/dose) AND cefdinir
Duration: 10-14 days or 7 days after symptoms resolve.	

ADJUST THERAPY if no improvement after antibiotics:

- Worse symptoms in 2-3 days OR no improvement in 3-5 days, **PRESCRIBE:**
 - If first on amoxicillin, go to **amoxicillin-clavulanate**
 - If first on amoxicillin-clavulanate, go to **clindamycin** AND **cefdinir**
- If no improvement after 3-5 days of second antibiotic, **REFER to ENT.**
- The FDA does not recommend fluoroquinolones as a treatment for sinusitis if other options are available.

See the CPM for other situations/medications (e.g., for penicillin-allergic patients).