

Sinusitis, Acute

Reference
Link

DIAGNOSIS

Pediatric
version also
available.

Signs and Symptoms of Sinusitis

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

SEVERE

Fever $> 39^{\circ}\text{C}$ **AND**
1 or both of the
following for
3–4 days:

- Purulent nasal discharge
- Facial pain

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):

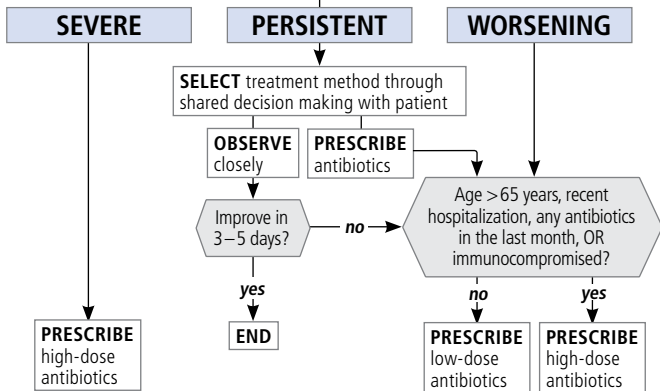
- YES: saline rinse, analgesics
- NO: decongestants, cough meds,
antihistamines, mucolytics, nasal sprays

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TREATMENT

Acute Bacterial Sinusitis



First-line Antibiotics *(see CPM for additional dosing options and explanation)*

Low-dose	Amoxicillin: 1,000 mg (two, 500 mg capsules) twice daily for 7 days	If penicillin allergic: doxycycline: 100 mg twice daily for 7 days cefdinir: 600 mg daily for 7 days
High-dose	Amoxicillin: 2,000 mg twice daily for 7 days	

Second-line Antibiotics

If worse symptoms in 2–3 days OR no improvement in 3–5 days	Amoxicillin/clavulanate: 875 mg PLUS amoxicillin 1,000 mg (two, 500 mg capsules) twice daily for 10 days	If penicillin allergic: doxycycline, or cefdinir
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Third-line Antibiotics

Then, if no improvement after 3–5 additional days	doxycycline or cefdinir NOTE: The FDA does not recommend fluoroquinolones as a treatment for sinusitis if other options are available.
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REFER to ENT if no improvement after third antibiotic