Acute Sinusitis for Adult and Pediatric Patients Algorithm

**Signs/symptoms lasting < 4 weeks**
- Purulent nasal discharge
- Nasal congestion
- Facial pain
- Toothache
- Fever

**Risk for Resistance**
- Attends daycare
- Age ≤ 2 years or ≥ 65 years
- Recent hospitalization
- Antibiotic use within the past month
- Immunocompromised

Sign and symptoms of sinusitis
- Yes
- **Symptoms lasting ≥ 10 days without improvement with OTC products**
- **Severe symptoms > 3-4 days**
- **Worsening symptoms or “double sickening”**
- No

- **Likely viral**
- **Consider other etiologies**

**Symptomatic treatment**
- NSAIDs/APAP
- Steam inhalation, saline irrigation
- Oral: Pseudoephedrine (adults only)
- Topical: Phenylephrine, oxymetazoline

**Symptom duration:**
- ≥ 10 days without improvement

**Risk for resistance or failed initial therapy**
- Yes
- No

**Alternative Therapy**
- Augmentin® (High dose)
  - Adults: 2,000 mg/125 mg BID
  - Peds*: 90 mg/kg/day in 2 divided doses
- Levofloxacin
  - Adults: 750 mg QD
  - Peds*: 10-20 mg/kg QD
- Clindamycin plus 3rd generation
  - Peds*: clindamycin: 30-40 mg/kg/day divided q 8 hours plus cefdinir: 14 mg/kg daily

- Plus symptomatic treatment

**Duration of therapy**
- Adults: 5-7 days
- Pediatrics: 10-14 days

**First Line**
 Augmentin® (Amoxicillin/clavulanate)
  - Adults: 875 mg/125 mg BID
  - Peds*: 45 mg/kg/day in 2 divided doses

**Beta lactam allergy**
- Doxycycline
  - Adults: 100 mg BID
- Levofloxacin
  - Adults: 750 mg QD
  - Peds*: 10-20 mg/kg QD

- Plus symptomatic treatment

**If no clinical response after 3-5 days on antibiotics consider alternative therapy, resistant pathogens, or etiologies**

**NOTE:** Treatment of acute sinusitis should be targeted to cover:
- *S. pneumoniae*
- *M. catarrhalis*
- *H. influenza*

**Reference:**