**Acute Sinusitis (Pediatric)**

**Diagnosis of sinusitis**

Purulent nasal discharge AND nasal obstruction or facial pressure

- **Have the symptoms been present > 4 weeks?**
  - *no*
    - **CONSIDER subacute or chronic sinusitis; REFER to ENT**
  - *yes*
    - **Purulent nasal discharge AND nasal obstruction or facial pressure**
      - **Does patient meet one of the 3 ABS presentations?**
        - *no*
          - **Acute VIRAL sinusitis likely**
          - **TREAT acute VIRAL sinusitis symptoms**
            - **RECOMMEND** symptomatic therapy*
            - **INSTRUCT** patient to return if symptoms worsen or persist ≥ 10 days
        - *yes*
          - **Acute BACTERIAL sinusitis possible**
          - **TREAT acute BACTERIAL sinusitis (see page 2)**

*Symptom relief checklists
Ages (0-12) English / Spanish
Ages (12-18) English / Spanish

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Not intended to replace physician judgment with respect to individual variations and needs.
Acute Sinusitis (Pediatric)

Treatment of acute bacterial sinusitis

Patient with acute bacterial sinusitis

DISCUSS symptom relief (see checklists) and TREAT according to clinical presentation

SEVERE

WORSENING

PERSISTENT

PRESCRIBE antibiotics*

1st-line choice
amoxicillin-clavulanate

2nd-line choice if no improvement
cefdinir + clindamycin

*If patient is allergic to penicillin use cefdinir + clindamycin

Watchful waiting only

Watchful waiting + delayed antibiotic prescription

INSTRUCT patient to contact doctor or fill delayed prescription if worse in 2–3 days or if no improvement in 5–7 days

PRESCRIBE antibiotics for use if WORSENING or no improvement during watchful waiting period*

1st-line choice
amoxicillin: 45 mg/kg/dose orally 2 times per day (max 2 g/dose) for 10–14 days

2nd-line choice if no improvement
amoxicillin-clavulanate: 45 mg amox/kg/dose orally 2 times per day (max 2 g amox/dose) for 10–14 days

3rd-line choice if no improvement: cefdinir + clindamycin
- cefdinir: 14 mg/kg/dose orally once per day (max 600 mg/dose) for 10–14 days
- clindamycin: 10 mg/kg/dose orally 3 times per day (max 300 mg/dose) for 10–14 days

*If patient is allergic to penicillin use cefdinir only as first line agent

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