Acute Sinusitis in Adults

Diagnosis

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**

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

- **SEVERE**: Temperature $\geq 102.2\ ^\circ\ F (39\ ^\circ\ C)$, facial pain/pressure, and purulent nasal discharge for 3 consecutive days

- **PERSISTENT**: Purulent nasal discharge AND facial pain or nasal obstruction without improvement for $\geq 10$ days

- **WORSENING**: New or worsening sinusitis signs and symptoms AFTER initial improvement or following URI that has lasted $\geq 7$ days

- **no**
  - Does patient meet one of the 3 ABS presentations?

- **yes**

**Acute VIRAL sinusitis likely**

**TREAT acute VIRAL sinusitis symptoms**

- RECOMMEND symptomatic therapy*
- INSTRUCT patient to return if symptoms worsen or persist $\geq 10$ days

**Acute BACTERIAL sinusitis possible**

**TREAT acute BACTERIAL sinusitis**

(see page 2)

*Symptom relief checklists
Ages (12+) English / Spanish

Not intended to replace physician judgment with respect to individual variations and needs.
Treatment of acute bacterial sinusitis

**Patient with acute bacterial sinusitis**

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

**SEVERE**

**ANTIBIOTICS***

1st-line choice
amoxicillin-clavulanate

2nd-line choice if no improvement
doxycycline OR cefdinir

* If patient is allergic to penicillin use doxycycline or cefdinir

**PERSISTENT + WORSENING**

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

**ANTIBIOTICS for use if no improvement or worsens during watchful waiting period***

1st-line choice
amoxicillin: 1000 mg orally 2 times per day for 7 days

2nd-line choice if no improvement
amoxicillin-clavulanate: 875 mg amoxicillin orally 2 times per day for 7 days

3rd-line choice if no improvement
doxycycline: 100 mg orally 2 times per day for 7 days
OR cefdinir: 600 mg orally once daily for 7 days

*If patient is allergic to penicillin use doxycycline or cefdinir

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