

Acute Sinusitis (Pediatric)

Sinusitis CPM

Diagnosis of sinusitis

Purulent nasal discharge AND nasal obstruction or facial pressure

no — Have the symptoms been present > 4 weeks? — yes

CONSIDER subacute or chronic sinusitis; REFER to ENT

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

SEVERE: Temperature ≥ 102.2 °F (39 °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 ≥ 10 days

WORSENING: New or worsening sinusitis signs and symptoms AFTER initial improvement or following URI that has lasted ≥ 7 days

no — Does patient meet one of the 3 ABS presentations? — yes

Acute **VIRAL** sinusitis likely

Acute **BACTERIAL** sinusitis possible

TREAT acute VIRAL sinusitis symptoms

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

TREAT acute BACTERIAL sinusitis
(see page 2)

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

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Treatment of acute bacterial sinusitis

Patient with acute bacterial sinusitis

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

SEVERE

PRESCRIBE antibiotics*

1st-line choice

amoxicillin-clavulanate

2nd-line choice if no improvement

cefdinir + clindamycin

*If patient is allergic to penicillin use cefdinir + clindamycin

WORSENING

PERSISTENT

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