Sinusitis, Acute Bacterial
Children’s Physicians/Urgent Care

Indication Criteria

Inclusion Criteria

- Patients with symptoms consistent with acute bacterial sinusitis (abx) lasting >72 hours
- Not on high dose Amoxicillin
- Clinical worsening after 72 hours of abx OR failure to improve after 3 days of Amoxicillin/clavulenate

Exclusion Criteria

- Duration of abx therapy may range from 10-21 days or longer. Patient should be symptom free for 7 days prior to stopping antibiotics.

 older or recent antibiotic use
- Immunocompromised host
- Unusual or resistant pathogens
- Multiple medical problems that might compromise response to treatment (e.g., heart failure, lung disease, diabetes, advanced age)
- Persistent Illness
- Consider Viral URI
- Consider for patients presenting with moderate to severe illness
- Clinical worsening after 72 hours of abx OR failure to improve after 3 days of antibiotics?
- Complete Antibiotics


to improve after 10 days IM (max single dose of 1000 mg)
- Cefixime 8 mg/kg/day PO in one dose (usual adult dose 400 mg/day)
- Cefdinir 30 mg/kg/day PO in three divided doses (usual adult dose 600 mg/day)
- Ceftriaxone 14 mg/kg/day PO in one dose (usual adult dose 1350 mg/day)
- Clindamycin 30-45 mg/kg/day PO in 3 divided doses (usual adult dose 1350 mg/day)
- Amoxicillin Clavulanate high dose (30 mg/kg/day PO in two divided doses (usual adult dose 2000 mg/day) divided in two doses on Amoxicillin component)
- Aminosalicylic acid (ASA) 3-9 g/day PO in one or two divided doses (usual adult dose 6-18 g/day)
- Amoxicillin 14 mg/kg/day PO in one dose (usual adult dose 850 mg/day given once daily)
- Clindamycin 30-45 mg/kg/day PO in 3 divided doses (usual adult dose 1350 mg/day)
- Amoxicillin 90 mg/kg/day PO in 2 divided doses (usual adult dose 2000 mg/given once daily for 7 days prior to stopping antibiotics.

Notes:

- Symptoms of acute bacterial sinusitis and uncomplicated viral upper respiratory infection (URI) overlap considerably, and therefore it is their persistence without improvement that suggests a diagnosis of acute sinusitis.
- A minority of patients with persistent symptoms of URI will meet criteria for pneumonia.
- Patients should attempt to:
  - Differentiate between sequential episodes of uncomplicated viral URI from the onset of acute bacterial sinusitis.
  - Establish whether the symptoms are clearly not improving.

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