

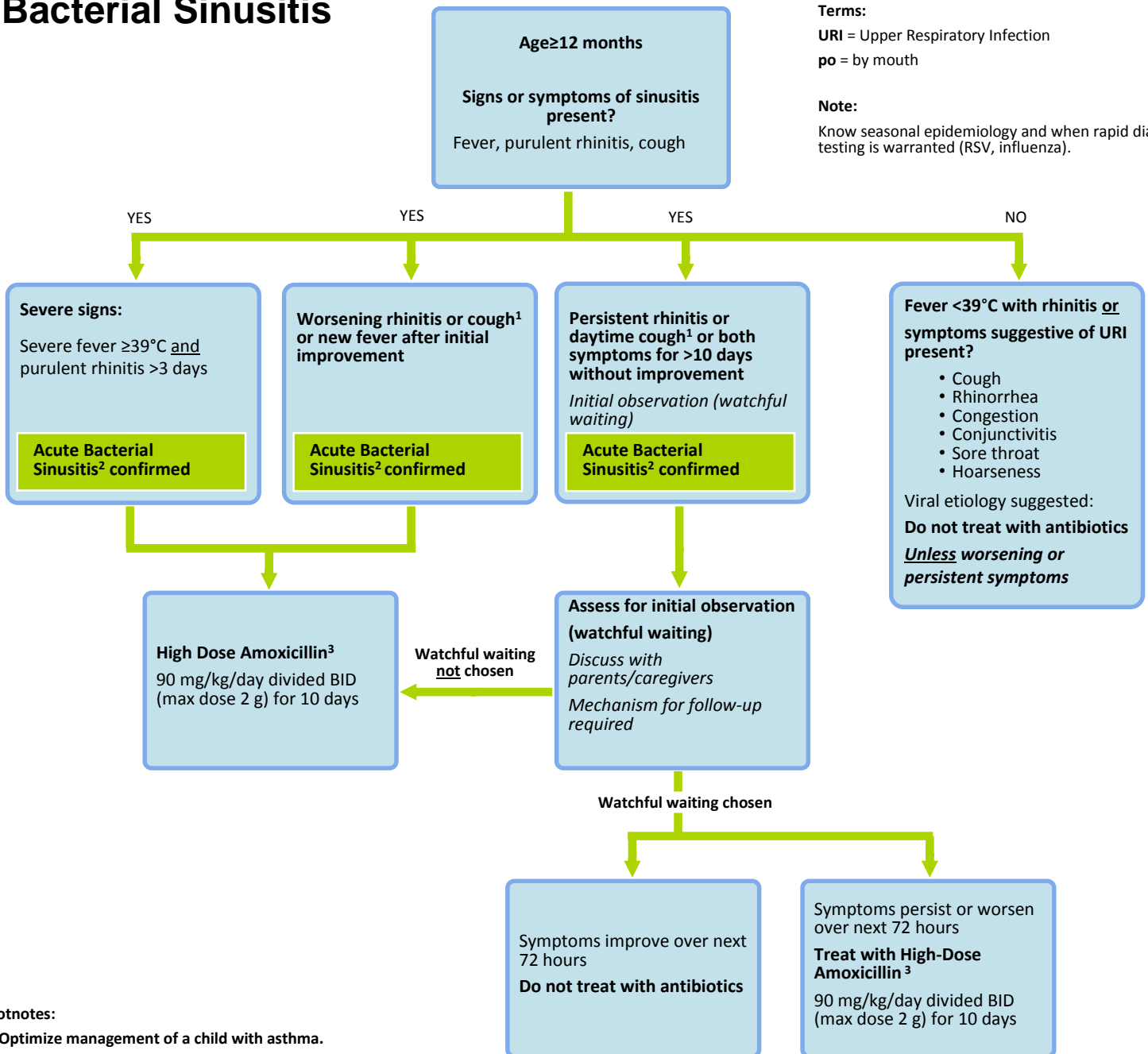
Judicious Use of Antibiotics for Acute Bacterial Sinusitis

Terms:

URI = Upper Respiratory Infection
po = by mouth

Note:

Know seasonal epidemiology and when rapid diagnostic testing is warranted (RSV, influenza).



Footnotes:

- Optimize management of a child with asthma.
- Sinus imaging or CBC not recommended for diagnosis of acute bacterial sinusitis.
- Alternate therapy is indicated if patient has:
 - Moderate to severe illness, is younger than 2 years, attends child care, received amoxicillin treatment in last 30 days, or has concurrent purulent conjunctivitis:** Amoxicillin-clavulanate 80–90 mg/kg/day of amoxicillin with 6.4 mg/kg/day clavulanate po divided in 2 doses (max 2 g/dose) for 10 days
 - Severe or nonsevere penicillin allergy:** Cefdinir 14 mg/kg/day po divided BID (max dose 300 mg/dose) for 10 days or cefpodoxime 10 mg/kg/day po divided BID (max dose 400 mg/dose) for 10 days or ceftriaxone 50 mg/kg IM/IV (max 2 g/dose) for 3 days or cefuroxime 30 mg/kg/day po in 2 divided doses (max 500 mg/dose for suspension) for 10 days

Reference:

AAP Clinical Practice Guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. *Pediatrics*. 2013;132:e262.