Judicious Use of Antibiotics for Acute Bacterial Sinusitis Terms: **URI** = Upper Respiratory Infection Age≥12 months po = by mouth Signs or symptoms of sinusitis Note: present? Know seasonal epidemiology and when rapid diagnostic testing is warranted (RSV, influenza). Fever, purulent rhinitis, cough YES YES NO YES Fever <39°C with rhinitis or Severe signs: Worsening rhinitis or cough1 Persistent rhinitis or symptoms suggestive of URI or new fever after initial daytime cough1 or both Severe fever ≥39°C and present? symptoms for >10 days improvement purulent rhinitis >3 days without improvement Cough Rhinorrhea Initial observation (watchful Congestion waiting) Conjunctivitis **Acute Bacterial Acute Bacterial Acute Bacterial** Sore throat Sinusitis² confirmed Sinusitis² confirmed Sinusitis² confirmed Hoarseness Viral etiology suggested: Do not treat with antibiotics Unless worsening or persistent symptoms Assess for initial observation (watchful waiting) High Dose Amoxicillin³ Watchful waiting Discuss with not chosen 90 mg/kg/day divided BID parents/caregivers (max dose 2 g) for 10 days Mechanism for follow-up required Watchful waiting chosen Symptoms persist or worsen over next 72 hours Symptoms improve over next **Treat with High-Dose** 72 hours Amoxicillin³ Do not treat with antibiotics 90 mg/kg/day divided BID Footnotes: (max dose 2 g) for 10 days 1. Optimize management of a child with asthma.

- 2. Sinus imaging or CBC not recommended for diagnosis of acute bacterial sinusitis.
- 3. 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.



