

# Judicious Use of Antibiotics

## Data Collection Tool – Acute Bacterial Sinusitis

### Directions:

Pull 10 or more charts of patients diagnosed with acute bacterial sinusitis and;

- 1) Over 12 months of age;
- 2) Exclude patients that were hospitalized

### Questions for Patients Diagnosed with Acute Bacterial Sinusitis:

1. During the patient history/examination did this patient meet one or more of the following criteria for diagnosing acute bacterial sinusitis?

Yes

No

#### Criteria for diagnosing acute bacterial sinusitis:

- Concurrent fever, temperature  $\geq 39^{\circ}\text{C}$  ( $102.2^{\circ}\text{F}$ ) and purulent nasal discharge for 3 or more days.
- Persistent illness, ie, nasal discharge (of any quality) or daytime cough or both lasting more than 10 to 14 days without improvement.
- Worsening course, ie, worsening or new onset of nasal discharge, daytime cough, or fever after initial improvement.

2. Was radiographic imaging performed (eg, sinus radiograph, CT scan, MRI)?

Yes       No

3. Did the provider seeing the patient assess the patient for additional observation (ie, watchful waiting) for 3 days if the patient met criteria for additional outpatient observation?

Yes       No

4. Did the provider seeing the patient document in the medical record that this patient/family was instructed to call if patient worsens or has not improved within 48-72 hours?

Yes, verbal discussion documented in the medical record

Yes, printed material provided and documented in the medical record

No documentation

5. Did the provider seeing the patient discuss and document the following risks of antibiotic therapy with the patient/family?

Yes       No       NA, no antibiotic prescribed

Should always be discussed:	Should be discussed if patient/family has concerns:
<ul style="list-style-type: none"> <li>• Side effects</li> <li>• Allergic reaction</li> </ul>	<ul style="list-style-type: none"> <li>• Antibiotic resistance</li> </ul>

If Yes, or No selected, CONTINUE



If NA, no antibiotic prescribed STOP, you have completed your review of this patient.



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6. What antibiotic was prescribed?

- a)  amoxicillin
- b)  amoxicillin-clavulanate
- c)  cefdinir, cefuroxime, cefpodoxime, or ceftriaxone
- d)  Other antibiotic chosen
- e) None, additional observation (watchful waiting) chosen

If options b, c, or d are selected, **CONTINUE**



If option a) amoxicillin; or e) None, additional observation (watchful waiting) is selected **STOP**, you have completed your review of this patient.

7. If amoxicillin was not prescribed, what was the reason the patient was not treated with amoxicillin?  
(Select all that apply).

- a)  Patient experienced previous severe allergic reaction
- b)  Patient experienced previous non-severe allergic reaction
- c)  Patient has taken amoxicillin in the past 30 days, or has purulent conjunctivitis, moderate to severe illness, younger than 2 years, attends child care
- d)  Patient had previous drug reaction with amoxicillin-clavulanate
- e)  Known or suspected multi-drug resistant organism
- f)  None of the above

\*Definitions and references available in the Appendix

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## Appendix

**Criteria for additional outpatient observation:** “Persistent illness: The clinician should either prescribe antibiotic therapy OR offer additional outpatient observation for 3 days to children with persistent illness (nasal discharge of any quality or cough or both for at least 10 days without evidence of improvement) (Evidence Quality: B; Recommendation).”

Additional outpatient observation, defined as initial management of acute bacterial sinusitis limited to continued observation for 3 days, with commencement of antibiotic therapy if either the child does not improve clinically within several days of diagnosis or if there is clinical worsening of the child’s condition at any time.

**Reference:** [AAP Clinical Practice Guideline for the Diagnosis and Management of Acute Bacterial Sinusitis in Children Aged 1 to 18 years. Pediatrics, 2013.](#)

### \* Non-severe and severe allergic reactions:

- **Non-severe** symptoms include hives or pruritic (itchy) rashes.
- **Severe** symptoms include anaphylaxis, angioedema, throat tightening, wheezing plus shock, airway compromise, or cardiovascular collapse. Cardiac collapse requires intervention (eg epinephrine, corticosteroids, vasopressors).

Note: Side effects such as vomiting, abdominal pain, and diarrhea are *non-allergic*.

### Other antibiotic chosen:

Alternative Antibiotic:	Acceptable Reasons For Alternative Antibiotic:
levofloxacin, linezolid, or clindamycin <sup>2</sup>	Patient experienced previous <u>severe</u> allergic reaction Patient had previous adverse drug reaction with amoxicillin-clavulanate Patient had known or suspected multi-drug resistant organism
azithromycin, trimethoprim-sulfamethoxazole, cephalexin, cefixime, tetracycline, ciprofloxacin, or moxifloxacin	These medications are considered broad-spectrum antibiotics and should not be prescribed