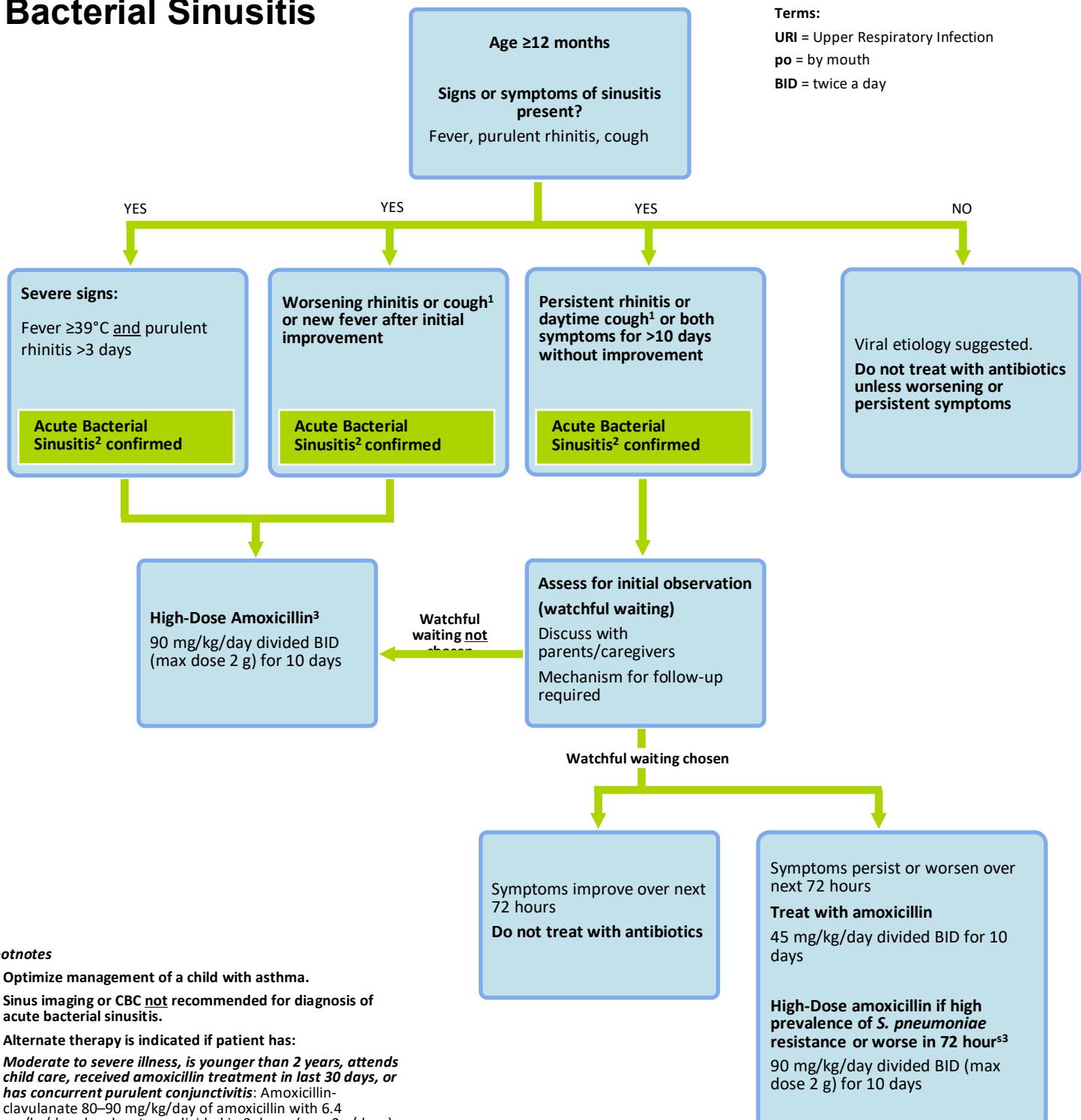


Antibiotic Decision Making for Acute Bacterial Sinusitis



Footnotes

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 cefuroxime 30 mg/kg/day po in 2 divided doses (max 500 mg/dose for suspension) for 10 days

Reference

Wald ER, Applegate KE, Bordley C, et al. AAP clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. *Pediatrics*. 2013;132(1):e262-e280

Terms:

URI = Upper Respiratory Infection

po = by mouth

BID = twice a day