

Acute Bacterial Rhinosinusitis

This is a summation of guidelines from IDSA, AAO-HNS, CDC, AAP & AFP

Criteria for Antibiotics

Prior to starting an antibiotic, the patient must meet one of the following criteria:

- Severe (>3-4 days), such as a fever $\geq 39^{\circ}\text{C}$ (102°F) and purulent nasal discharge or facial pain.
- Persistent (>10 days) without improvement, such as nasal discharge or daytime cough.
- Worsening (3-4 days), such as worsening or new-onset fever, daytime cough, or nasal discharge, after initial improvement of a viral upper respiratory infection (URI) lasting 5-6 days.

Note: If any of the above criteria is **NOT** met, antibiotics are **NOT RECOMMENDED**.

FIRST LINE (ADULTS)

Choose one of the following:

- **Amoxicillin 500 mg orally three times daily or 1 g three times daily in severe infection**
- **Amoxicillin-clavulanate 500 mg/125 mg orally three times a day or 875 mg/125 mg orally twice daily**

Duration: 5-7 days

Note: A higher dose (amoxicillin-clavulanate 2000 mg/125 mg orally twice daily) is recommended for adults with acute bacterial rhinosinusitis from geographic regions with high endemic rates, those with severe infection, age >65 years, recent hospitalization, antibiotic use within the past month, or who are immunocompromised)

SECOND LINE (ADULTS)

Choose one of the following:

- Doxycycline 100 mg orally twice daily or 200 mg orally daily
- Levofloxacin 500 mg orally daily
- Moxifloxacin 400 mg orally daily

Duration: 5-7 days

FIRST LINE (CHILDREN)

Choose one of the following:

- **Amoxicillin 30 mg/kg orally three times daily**
- **Amoxicillin-clavulanate 45 mg/kg/day orally twice daily**

Note: Amoxicillin-clavulanate 90 mg/kg/day orally twice daily is recommended for children with acute bacterial rhinosinusitis from geographic regions with high endemic rates, those with severe infections, attendance at daycare, age <2, recent hospitalization, antibiotic use within the past month, or who are immunocompromised.

Duration: 7-14 days

SECOND LINE (CHILDREN)

Choose one of the following:

- Levofloxacin 10–20 mg/kg/day orally every 12–24 hours
- Clindamycin 30–40 mg/kg/day orally three times daily **PLUS** Cefixime 8 mg/kg/day orally twice daily **or** Cefpodoxime 10 mg/kg/day orally twice daily

Duration: 7-14 days

NOTE: Dosages are for patients with normal renal function

REFERENCES

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2. Adult Outpatient Treatment Recommendations | Antibiotic Use | CDC. Published June 12, 2023. Accessed May 12, 2024. <https://www.cdc.gov/antibiotic-use/clinicians/adult-treatment-rec.html>
3. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical Practice Guideline (Update): Adult Sinusitis. *Otolaryngol Head Neck Surg*. 2015;152(2_suppl):S1-S39. doi:10.1177/0194599815572097
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5. Hauk L. AAP Releases Guideline on Diagnosis and Management of Acute Bacterial Sinusitis in Children One to 18 Years of Age. *afp*. 2014;89(8):676-681.

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