

Acute Sinusitis / Rhinosinusitis -- Adults

URI symptoms with mucopurulent discharge

**<10 DAYS DURATION
(UNLESS SEVERE SYMPTOMS)**

Purulent nasal secretions or sputum do not predict bacterial infection.

Most cases of acute rhinosinusitis seen as outpatients are caused by uncomplicated viral upper respiratory infection.

Antibiotic treatment of adults with non-specific URI does not improve symptoms or prevent complications.

Management

Symptomatic measures include:

- Avoid cigarette smoke
- Drink plenty of liquids
- Steam (e.g., showers or baths) to loosen secretions
- Warm facial packs for 5-10 minutes 3-4 times a day to promote drainage
- Saline nasal spray or drops may provide some relief
- Acetaminophen or ibuprofen as needed for fever or pain
- Adequate rest
- Elevate head of bed to promote sinus drainage

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

Oregon Alliance Working for Antibiotic Resistance Education
Dept. of Human Services, Health Services
Office of Disease Prevention & Epidemiology
800 NE Oregon, Ste. 772, Portland OR 97232
phone: 503-731-4024 fax: 503-731-4798
<http://www.healthoregon.org/antibiotics.cfm>
oregon.aware@state.or.us 4/2005

**SPECIFIC SYMPTOMS OF SINUSITIS
OF ANY DURATION OR SYMPTOMS
>10 DAYS WITHOUT IMPROVEMENT**

Purulent nasal discharge for 3-4 days
Unilateral facial pressure/pain
Maxillary toothache
Worsening of symptoms after initial improvement

Management

Mild disease, no recent antibiotic use*: amoxicillin (1.5 - 4 gm/day**); amoxicillin-clavulanate (1.75 - 4 gm/day**); cefdinir, cefpodoxime or cefuroxime.

Moderate disease or mild disease with recent antibiotic use*:** amoxicillin-clavulanate (4 gm/day); ceftriaxone; gatifloxacin, levofloxacin, or moxifloxacin.

For Type 1 pen-allergic patients (hives or anaphylaxis): TMP/SMX, doxycycline, erythromycin, azithromycin, clarithromycin, or telithromycin.

* For patients with no improvement after 72 hours, consider drugs listed under moderate disease.

** Use higher dose when patient has risk factors for DRSP or in geographic areas where prevalence of DRSP is known to be high.

***For patients with no improvement after 72 hours, consider imaging studies, sinus aspirate or ENT consultation.