



QR code for mobile view

Inclusion criteria:

- Patient 1 - 18 years of age

Exclusion criteria:

- Complicated sinusitis at presentation
- Chronic sinusitis (90 or more uninterrupted days of respiratory symptoms, such as cough, nasal, discharge, or nasal obstruction)
- Viral sinusitis
- Immunocompromised

Diagnostic Criteria

- Persistent illness: Nasal discharge, daytime cough or both lasting ≥ 10 days without improvement

OR

- Worsening course: Worsening nasal discharge, daytime cough or fever after initial improvement

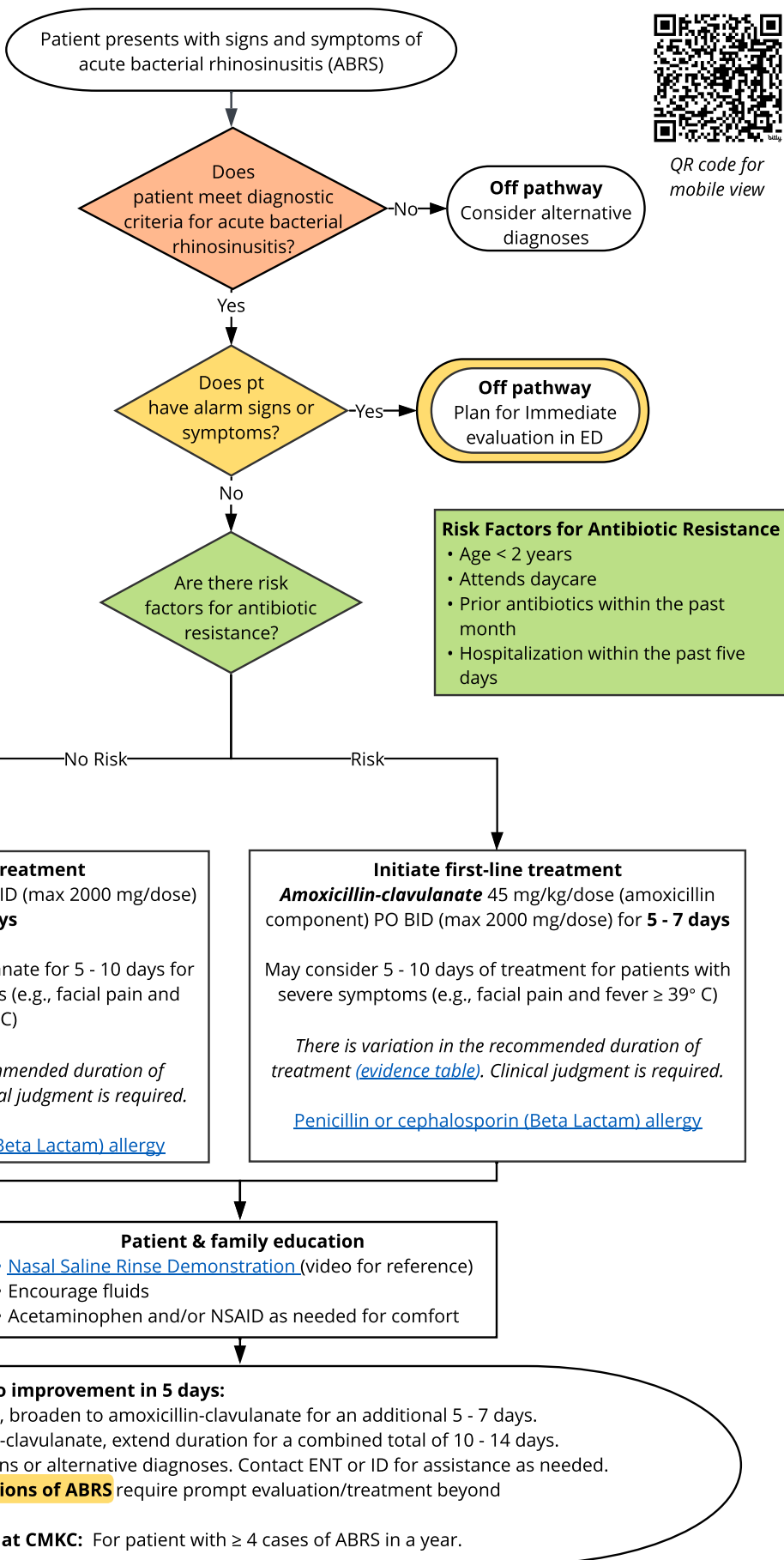
OR

- Severe onset: Fever $\geq 39^{\circ}\text{C}$ AND purulent nasal discharge for at least 3 days

Alarm Signs & Symptoms for Complications of ABRS

- Periorbital edema/erythema
- Displaced globe
- Double vision
- Ophthalmoplegia
- Reduced visual acuity
- Severe headache
- Frontal swelling
- Signs of sepsis
- Signs of meningitis
- Neurological signs

IMMEDIATE EVALUATION in ED



Initiate first-line treatment
Amoxicillin 45 mg/kg/dose PO BID (max 2000 mg/dose) for **5 - 7 days**

May consider amoxicillin-clavulanate for 5 - 10 days for patients with severe symptoms (e.g., facial pain and fever $\geq 39^{\circ}\text{C}$)

There is variation in the recommended duration of treatment ([evidence table](#)). Clinical judgment is required.

[Penicillin or cephalosporin \(Beta Lactam\) allergy](#)

Initiate first-line treatment
Amoxicillin-clavulanate 45 mg/kg/dose (amoxicillin component) PO BID (max 2000 mg/dose) for **5 - 7 days**

May consider 5 - 10 days of treatment for patients with severe symptoms (e.g., facial pain and fever $\geq 39^{\circ}\text{C}$)

There is variation in the recommended duration of treatment ([evidence table](#)). Clinical judgment is required.

[Penicillin or cephalosporin \(Beta Lactam\) allergy](#)

Patient & family education

- [Nasal Saline Rinse Demonstration](#) (video for reference)
- Encourage fluids
- Acetaminophen and/or NSAID as needed for comfort

Follow-up with PCP if no improvement in 5 days:

- If started on amoxicillin, broaden to amoxicillin-clavulanate for an additional 5 - 7 days.
- If started on amoxicillin-clavulanate, extend duration for a combined total of 10 - 14 days.
- Reconsider complications or alternative diagnoses. Contact ENT or ID for assistance as needed.

Patients with suspected complications of ABRS require prompt evaluation/treatment beyond the scope of this guideline.

Consider referral to ENT at CMKC: For patient with ≥ 4 cases of ABRS in a year.