

Acute Sinusitis / Rhinosinusitis -- Children

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 children 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.

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

High (>39°C) or persistent fever

Purulent nasal discharge for 3-4 days in a child who appears ill

Unilateral facial pressure/pain

Postnasal drainage

Periorbital swelling

Management

Amoxicillin remains as efficacious as newer drugs: 80-90 mg/kg/day, divided bid for 7-10 days* (maximum dose 2-3 gm/day).

If no improvement in 48-72 hours, ceftriaxone or amoxicillin-clavulanate 80-90 mg/kg/day, divided bid for 7-10 days.

Other treatment alternatives, or for pen-allergic patients (not Type 1 hypersensitivity): cefdinir, cefpodoxime, cefuroxime.

For severe allergies (hives or anaphylaxis): azithromycin** or clarithromycin.

Consider imaging studies or ENT consult in persistent or unclear cases.

* Patients with severe or prolonged symptoms may require up to 14 days of treatment.

** Not FDA-approved for sinusitis in children.