

## ACUTE SINUSITIS

### ANTIBIOTIC TREATMENT TABLE

- Consider no antibiotic strategy if symptoms <10 days
- Consider a no or delayed antibiotic strategy if symptoms > 10 days if not systemically very unwell, no signs of severe infection or not at high risk of complications
- Offer immediate antibiotic prescription if systemically very unwell, signs of severe infection or high risk of complications.

If antibiotics deemed clinically indicated:

Drug	Dose	Duration	Notes
<b>1<sup>st</sup> choice options:</b>			
Amoxicillin	500mg every 8 hours	5 days	Avoid in penicillin allergy
OR Doxycycline <i>(First line in penicillin allergy)</i>	200mg every 24 hours*	5 days	Avoid in pregnancy. Advise to take with a glass of water and sit upright for 30 minutes after taking. Can take with food or milk if gastritis is an issue. Absorption of doxycycline significantly impaired by antacids, iron/calcium/magnesium/zinc-containing products.
OR Clarithromycin <i>(Second line in penicillin allergy)</i>	500mg every 12 hours	5 days	Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester in pregnancy. Alternative macrolide for all trimesters of pregnancy: Azithromycin 500mg stat then 250mg every 24 hours from Day 2 to Day 5.
<b>For severe / worsening infection:</b>			
Co-amoxiclav	500/125mg every 8 hours	5 days	Avoid in penicillin allergy. See alternatives above.