Management of Sinusitis in Adults  
Clinical Practice Guideline  
MedStar Health  
Antibiotic Stewardship

“These guidelines are provided to assist physicians and other clinicians in making decisions regarding the care of their patients. They are not a substitute for individual judgment brought to each clinical situation by the patient’s primary care provider in collaboration with the patient. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but should be used with the clear understanding that continued research may result in new knowledge and recommendations.”

A. ADULT PATIENTS (18 years old or older)

1. Antibiotics should not be given for viral rhinosinusitis or sinusitis.
2. Indications for antibiotics include rhinosinusitis symptoms lasting **seven or more days** and **any** of the following:
   a. Purulent nasal discharge, or
   b. Maxillary tooth or facial pain, especially unilateral, or
      * Note: isolated tooth pain does not necessarily necessitate treatment with antibiotics.
   c. Unilateral maxillary sinus tenderness, or
   d. Worsening symptoms after initial improvement (double worsening)
3. Initial antibiotic treatment of acute bacterial sinusitis should be with the most narrow-spectrum agent which is active against the likely pathogens. Options include:
   a. Low Risk for Resistance: Amoxicillin-clavulanate (either 500 mg/125 mg orally three times daily or 875 mg/125 mg orally twice daily) for at a minimum of five to seven days.
   c. Penicillin Allergy: Doxycycline 100 mg every 12 hours, **Fluoroquinolones (levofloxacin or moxifloxacin)**.*
   d. NOT RECOMMENDED – Macrolides (clarithromycin or azithromycin), trimethoprim-sulfamethoxazole, and second- or third-generation cephalosporins are not recommended for empiric therapy in adults because of high rates of resistance of S. pneumoniae (and of H. influenzae for trimethoprim-sulfamethoxazole).

*The U.S. Food and Drug Administration is advising that the serious side effects associated with fluoroquinolone antibacterial drugs generally outweigh the benefits for patients with sinusitis, bronchitis, and uncomplicated urinary tract infections who have other treatment options. For patients with these conditions, fluoroquinolone should be reserved for those who do not have alternative treatment options.  

PATIENT EDUCATION

DEFINITIONS

Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration. Antimicrobial stewards seek to achieve optimal clinical outcomes related to antimicrobial use, minimize toxicity and other adverse events, reduce the costs of health care for infections, and limit the selection for antimicrobial resistant strains. - See more at: http://www.idsociety.org/stewardship_policy/#sthash.SM1baBaC.dpuf

REFERENCES:

Association for Professionals in Infection Control and Epidemiology (APIC), 2015. Antimicrobial stewardship. Retrieved from http://www.apic.org/Professional-Practice/Practice-Resources/Antimicrobial-Stewardship