



Acute sinusitis

- Self-limiting and usually triggered by a viral infection (<2% cases are complicated by bacterial infection)
- Symptoms can last 2-3 weeks and most people recover in this time, regardless of cause
- Antibiotics make very little difference to the duration of symptoms and complications are rare, so antibiotics are not needed for most people
- The number who improve with antibiotics is similar to the number who get adverse effects (usually diarrhoea)
- · Imaging not required

Acute sinusitis Allergic rhinitis

Both conditions have nasal obstruction; there is a big overlap of allergic rhinitis and *chronic sinusitis*

Purulent discharge

Thin, watery discharge - forwards of backwards

Facial/dental pain and Sneezing facial tenderness Nasal itching

+/- fever +/- allergic conjunctivitis

SINUSITIS

Check for dental infections, signs /symptoms of more serious condition, nasal polyps

Symptoms for ≤10d

Symptoms for 10-21 days with no improvement

- NO ANTIBIOTICS
- Advise that usually viral, most people recover in 2-3 weeks
- Offer nasal corticosteroids for 14d in those aged ≥12y – use BD after nasal irrigation (may help symptoms but unlikely to affect duration)
- No antibiotics OR consider delayed prescription (to use if symptoms worsen, or do not improve in 7d)

- Systemically unwell
- Signs of serious illness
- · High risk of complications
- Orbital involvement periorbital oedema/cellulitis, double vision, reduced movement or acuity
- Intracranial involvement swelling over frontal bone, severe frontal headache, signs of meningitis, focal neurology
- Symptoms >3 weeks
- Unilateral symptoms
- Polyps or other obstruction

Self-care

- Paracetamol or ibuprofen for pain or fever
- Trial of nasal irrigation with salt-water to ease congestion (and to do before any application of nasal steroids) see below; prescribe 2L saline and 20ml syringe
- Avoid allergic triggers and do not smoke
- No evidence for oral decongestants, antihistamines, mucolytics or steam inhilation

Safety netting: Advise to seek medical attention if symptoms worsen rapidly, if they become very unwell or if symptoms do not improve after 3 weeks total

Discuss with consultant

ENT referral if sympoms >12w or recurrent acute sinusitis (≥4 episodes per year lasting >10d with no symptoms in-between episodes)

	DRUG	DOSE	DURATION
<u>First line</u>	Penicillin V*	Child 1-11m: 62.5mg QDS or 125mg BD Child 1-5y: 125mg QDS or 250mg BD Child 6-11y: 250mg QDS or 500mg BD Adult/child>12y: 500mg QDS or 1g BD	5 days
If penicillin allergy/intolerance	Clarithromycin	8 to 11 kg: 62.5 mg BD 12 to 19 kg: 125 mg BD 20 to 29 kg: 187.5 mg BD 30 to 40 kg: 250 mg BD; Child ≥ 12yrs and adults: 250mg BD	5 days
	Erythromycin – if pregnant, or if child unable to take tablets	Child 1m-7y: 40mg/kg divided BD Adult and child > 8yrs: 500 – 1000mg BD	5 days
Alternative first line if systemically very unwell, signs of more serious illness or high risk of complications	Amoxicillin/Clavulanic acid	High dose: 80mg/kg amoxicillin component, divided BD (max 1g BD)	5 days
Second line - if symptoms worsening after 2-3d of first-line			

^{*} First choice as narrow spectrum so lower chance of causing AMR; use amoxicillin if Penicillin V not available

Kijabe Hospital Health Care to God's Glory

Kijabe OPD Guidelines

How to do a 'delayed prescription of antibiotics'

Write a paper prescription (add expiry date 5-10 days time), explain that antibiotics are not required at present and that we expect the infection to get better on its own, but incase symptoms continue/worsen, they can fill the prescription at a pharmacy after a predetermined period (e.g. 2-3d)

Nasal irrigation

- 1. Use the sterile saline solution as prescribed at clinic.
- 2. If this is not affordable or if you run out, you can make your own solution: boil 250ml of water, then leave it to cool; mix ½ teaspoon of salt and ½ teaspoon of bicarbonate of soda into the water. Make a fresh solution each time you clean your nose. You must use boiled water to avoid infection.
- 3. Wash your hands.
- 4. Fill the syringe with the saline solution.
- 5. Stand over a sink or a bowl.
- 6. Put the syringe into one nostril and push the liquid into your nose. Breathe through your mouth and allow the water to pour back into the sink/bowl. Try not to let the water go down the back of your throat.
- 7. Repeat until the liquid runs clear and then do the same in the other nostril.
- 8. Do this 2 or 3 times each day until your nose feels more comfortable.
- 9. If you were prescribed a nasal spray, then use this *after* the nasal irrigation.



Reviewed and approved by AIC Kijabe Hospital AMS Committee November 2023