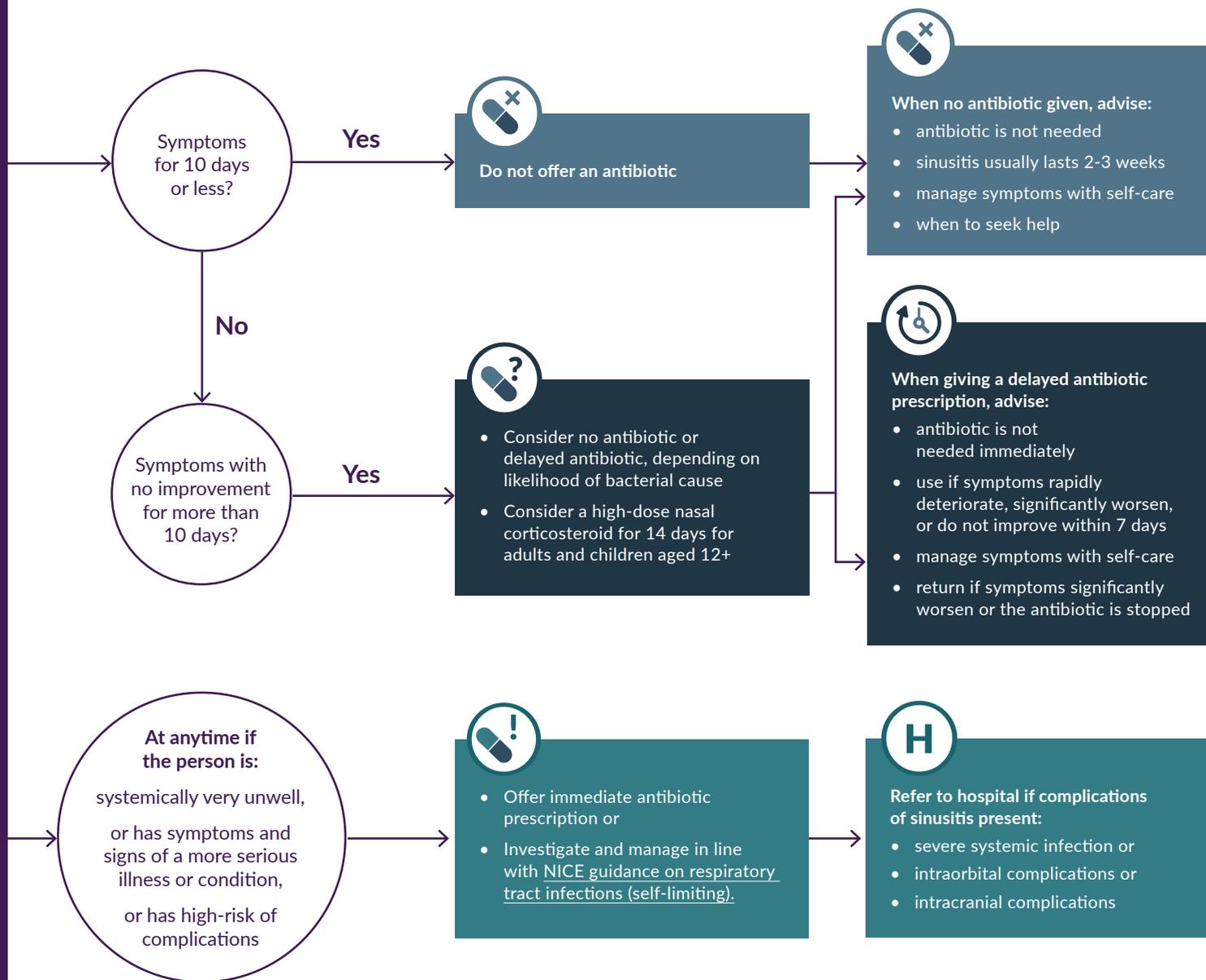


Sinusitis (acute): antimicrobial prescribing

Symptoms of acute sinusitis



See the full recommendations and why we made them: www.nice.org.uk



Self-care

- Consider paracetamol or ibuprofen for pain or fever (for under 5s see the [NICE guideline on fever in under 5s: assessment and initial management](#))
- Little evidence that nasal saline or nasal decongestants help, but people may want to try them
- No evidence for oral decongestants, antihistamines, mucolytics, steam inhalation, or warm face packs



Evidence on antibiotics

- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
- Possible adverse effects include diarrhoea and nausea



Bacterial cause may be more likely if several of the following are present:

- Symptoms for more than 10 days
- Discoloured or purulent nasal discharge
- Severe localised unilateral pain (particularly pain over teeth and jaw)
- Fever
- Marked deterioration after an initial milder phase ('double-sickening')

Sinusitis (acute): antimicrobial prescribing

Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length
First choice	
Penicillin V	500 mg four times a day for 5 days
Alternative first choices for penicillin allergy or intolerance	
Doxycycline	200 mg on first day, then 100 mg once a day for 5 days
Clarithromycin	500 mg twice a day for 5 days
Erythromycin (in pregnancy)	250 to 500 mg four times a day or 500 to 1000 mg twice a day for 5 days
Second choice (worsening symptoms on first choice taken for at least 2 to 3 days)	
Co-amoxiclav	500/125 mg three times a day for 5 days
Alternative second choice for penicillin allergy or intolerance, or worsening symptoms on second choice taken for at least 2 to 3 days	
Consult local microbiologist	
¹ See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding.	

Choice of antibiotic: children and young people under 18 years

Antibiotic ¹	Dosage and course length
First choice	
Penicillin V	1 to 11 months, 62.5 mg four times a day for 5 days 1 to 5 years, 125 mg four times a day for 5 days 6 to 11 years, 250 mg four times a day for 5 days 12 to 17 years, 500 mg four times a day for 5 days
Alternative first choice for penicillin allergy or intolerance	
Clarithromycin	Under 8 kg, 7.5 mg/kg twice a day for 5 days 8 to 11 kg, 62.5 mg twice a day for 5 days 12 to 19 kg, 125 mg twice a day for 5 days 20 to 29 kg, 187.5 mg twice a day for 5 days 30 to 40 kg, 250 mg twice a day for 5 days 12 to 17 years, 250 mg twice a day or 500 mg twice a day for 5 days ²
Doxycycline ³	12 to 17 years, 200 mg on first day, then 100 mg once a day for 5 days
Second choice (worsening symptoms on first choice taken for at least 2 to 3 days)	
Co-amoxiclav	1 to 11 months, 0.25 ml/kg of 125/31 suspension three times a day for 5 days 1 to 5 years, 5 ml of 125/31 suspension three times a day or 0.25 ml/kg of 125/31 suspension three times a day for 5 days 6 to 11 years, 5 ml of 250/62 suspension three times a day or 0.15 ml/kg of 250/62 suspension three times a day for 5 days 12 to 17 years, 250/125 mg three times a day or 500/125 mg three times a day for 5 days ²
Alternative second choice for penicillin allergy or intolerance, or worsening symptoms on second choice taken for at least 2 to 3 days	
Consult local microbiologist	
¹ See BNF for children for appropriate use and dosing in specific populations, for example hepatic impairment, renal impairment.	
² The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition being treated and the child's size in relation to the average size of children of the same age.	
³ Doxycycline is contraindicated in children under the age of 12 years	