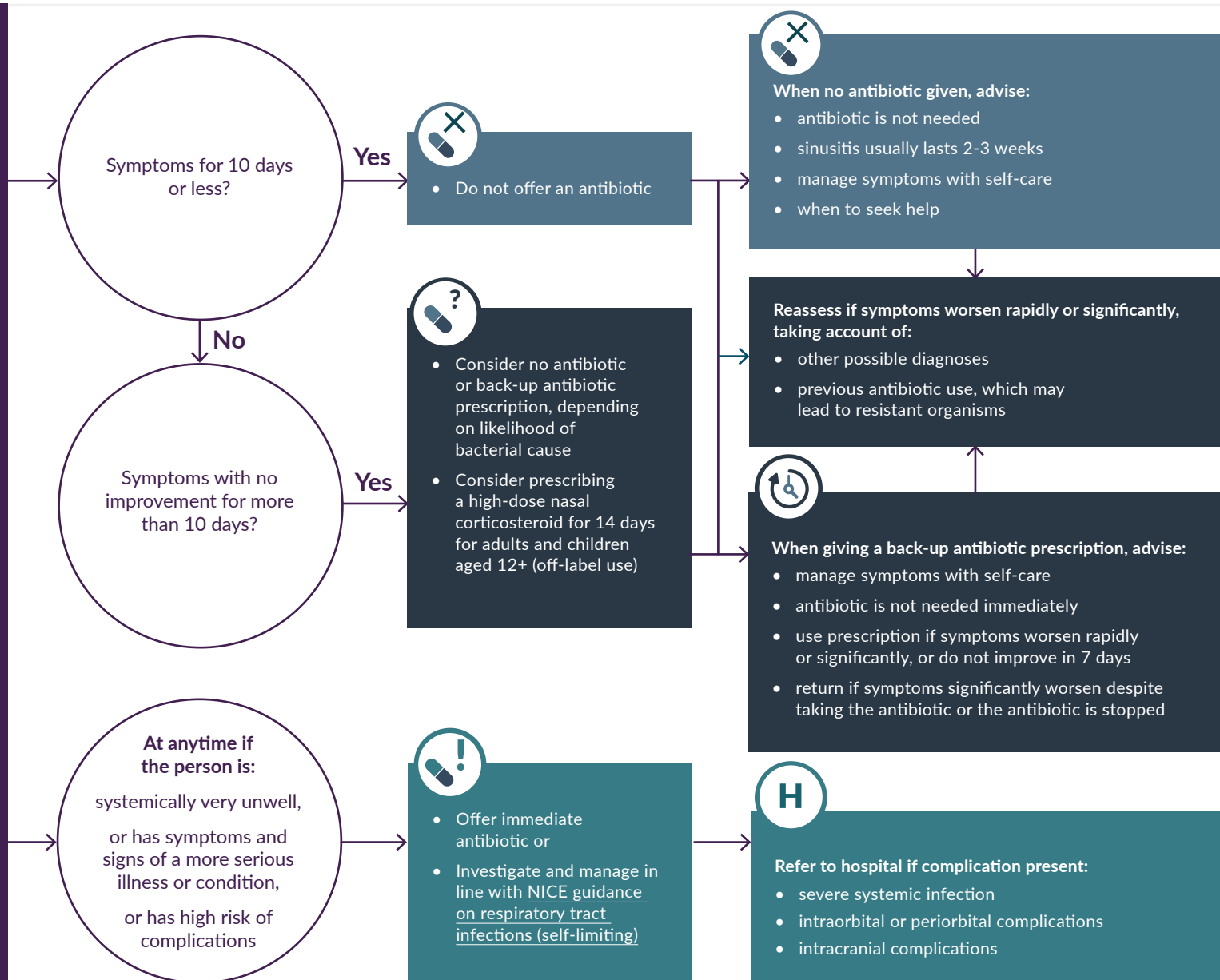


# Sinusitis (acute): antimicrobial prescribing

Symptoms of acute sinusitis



First published: October 2017. See the full recommendations and why we made them: [www.nice.org.uk](http://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

# Sinusitis (acute): antimicrobial prescribing

## Antibiotics for adults aged 18 years and over

Antibiotic <sup>1</sup>	Dosage and course length for adults
First choice	
Phenoxymethylpenicillin	500 mg four times a day for 5 days
First choice if systemically very unwell, symptoms and signs of a more serious illness or condition, or at high risk of complications	
Co-amoxiclav	500/125 mg three 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 4 days (5-day course in total)
Clarithromycin	500 mg twice a day for 5 days
Erythromycin (in pregnancy)	250 mg to 500 mg four times a day or 500 mg 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 <sup>2</sup>	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	
<sup>1</sup> See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding <sup>2</sup> If co-amoxiclav used as first choice, consult local microbiologist for advice on second choice	

## Antibiotics for children and young people under 18 years

Antibiotic <sup>1</sup>	Dosage and course length for children and young people <sup>2</sup>
First choice	
Phenoxymethylpenicillin	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
First choice if systemically very unwell, symptoms and signs of a more serious illness or condition, or at high risk of complications <sup>2</sup>	
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 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 or 0.15 ml/kg of 250/62 suspension three times a day for 5 days 12 to 17 years, 250/125 mg or 500/125 mg three 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
Doxycycline <sup>3</sup>	12 to 17 years, 200 mg on first day, then 100 mg once a day for 4 days (5-day course in total)
Second choice (worsening symptoms on first choice taken for at least 2 to 3 days)	
Co-amoxiclav <sup>4</sup>	As above
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	
<sup>1</sup> See BNF for children for use in specific populations (e.g. hepatic and renal impairment) <sup>2</sup> In practice, the prescriber will use age bands with other factors such as severity of the condition and the child's size in relation to the average size of children of the same age <sup>3</sup> Doxycycline is contraindicated in children under 12 years <sup>4</sup> If co-amoxiclav used as first choice, consult local microbiologist for advice on second choice.	