Sinusitis, Acute 461.9 - Telehealth Guidelines
Intended for telehealth use in adult patients

This care guide is not intended to override provider judgment and may not apply to every patient. It is not intended as a comprehensive resource, but rather as a supplement to a symptom-appropriate medical history and sound clinical judgment.

Clinical Context:
Please see separate guide for general upper respiratory symptoms. This guide refers to patients whose symptoms are predominated by suggestive indicators (e.g. facial pain, purulent rhinorrhea, re-worsening) lasting under 4 weeks. Other respiratory symptoms may be present from underlying precipitating viral infections. Not intended for patients with important chronic illnesses, e.g. diabetes, immunosuppression, respiratory disease, hospital acquired infection.

Viral untreated lasts 7-10 days; bacterial lasts 1 month or less in 75% of cases

Consider Asking About:
Symptom duration (over 7 days; longer than 4 weeks suggests allergic) and type (any of the following: maxillary sinus tenderness; worsening of rhino-sinusitis after initial improvement (re-worsening) symptoms after an initial improvement is particularly suggestive of acute broncho-respiratory infection.
- Lacking the above, the likelihood of a bacterial etiology is under 5%.
- Radiation to maxillary teeth and failure to respond to nasal decongestant are also suggestive.
- Diplopia or ocular changes to suggest periorbital infection
- Dental diagnosis if history suggests (e.g. pain with chewing on affected tooth)

Red Flags Safety Issues:
Dental pain on chewing suggests dental etiology. Mental status change (extension to CNS). Stiff neck, fever (meningitis) Copious nasal bleeding

Consider Advising In-person Urgent Local Care For:
Red flag issues; inability to retain oral fluids; comorbidity

Treatment Considerations:
Symptomatic (target to symptoms; adequate treatment for most patients)
- Nasal irrigation (Neti Pot or copious nasal saline solution)
- Nasal decongestant (e.g. oxymetazoline nasal spray) for 3 days
- Analgesics, nasal steroids, e.g. mometasone spray 20mg BID for 5 days especially if allergic history is positive

Antibiotics (selected patients):
Give only if diagnostic indicators above are present and documented, symptom level warrants, or special circumstances apply. Antibiotic: nontrivial side-effects in up to 7%, rare anaphylaxis.
First line:
- Amoxicillin 500mg GID for 10-14 days, or
- TMP/SMX DS BID for 10-14 days

Second line:
- Doxycycline 10-14 days, or,
- Azithromycin 500mg x 3 days.
- Clarithromycin for 7 days. (higher risk of c. dif.)

**Patient Education:**
Low likelihood of bacterial infection
Antibiotic risks and alternatives
In selected cases consider a prescription call-in with agreement to hold off for 3 days of symptomatic care before starting (cancel if better).

**Recommended Follow-up:**
PCP in 1-2 weeks, sooner for worsening or new symptoms

**Synonyms:** rhino-sinusitis, sinus infection, sinusitis, frontal sinusitis, maxillary sinusitis

**Key References:**

**Other Diagnoses:**
**Allergic Rhinitis**
**Sinusitis: Chronic**
rhino-sinusitis
sinus infection
sinusitis
frontal sinusitis
maxillary sinusitis