

# Acute Sinusitis Pathway

Management - Primary Care and Community Settings



Clinical Assessment/Management tool for Children

Primary and Community Care Setting

| Priorities of Clinical Assessment   | History   | RED FLAGS AND HIGH RISK GROUPS   |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Febrile Child under 5 years of age - assess and manage as per <a href="#">Fever Pathway</a></li> <li>• Most infections are secondary to common cold viruses and will settle without treatment.</li> <li>• Chronic sinusitis should be considered if symptoms last 12 weeks and is not covered by the guideline.</li> <li>• Bacterial co-infection (S. Pneumoniae, M.Catarrhalis, H.Influenzae) is uncommon and rarely orbital or intra-cranial infections can occur</li> </ul> | <p><b>Diagnostic criteria:</b></p> <p><b>Nasal blockage (obstruction/congestion) or discoloured nasal discharge (anterior/posterior nasal drip) with facial pain/pressure and/or cough (daytime and night-time)</b></p> <p><b>Consider bacterial infection if:</b></p> <ul style="list-style-type: none"> <li>• Symptoms for more than 10 days</li> <li>• Discoloured or purulent nasal discharge (with unilateral predominance)</li> <li>• Severe local pain (with unilateral predominance)</li> <li>• A fever greater than 38°C</li> <li>• A marked deterioration after an initial milder form of the illness</li> <li>• High ESR/CRP (although the practicality of this criterion is limited)</li> <li>• Symptoms of orbital or intra-cranial infection</li> </ul> | <ul style="list-style-type: none"> <li>• Unwell/septic appearance symptoms</li> <li>• Swollen eye • Neck stiffness</li> <li>• Painful eye movements • Photophobia</li> <li>• Proptosis • Less alert/drowsy or reduced Glasgow coma score</li> <li>• Reduced visual acuity/colour vision</li> <li>• Severe headache</li> <li>• Vomiting</li> <li>• Reduced GCS</li> <li>• Seizures,</li> <li>• Focal neurological signs/</li> </ul> |

## Examination

Inspect and palpate the maxillofacial area to elicit swelling and tenderness

If you can do an anterior rhinoscopy to identify the following (use the largest speculum of an otoscope, or a head light and nasal speculum)

- nasal inflammation, mucosal oedema, and purulent nasal discharge.
- Any nasal polyps, or anatomical abnormalities such as septal deviation

If systemically unwell, check pulse rate, blood pressure, temperature and hydration status

[Aide-Memoire Boys and Girls.pdf](#)

| Investigation   | Management  | Antibiotics   | Send to hospital if  |
|---|---|---|--|
| <p>Do not routinely request laboratory investigations or radiographic imaging for people who meet diagnostic criteria for acute uncomplicated sinusitis</p> | <p>If symptoms lasting &lt;10 days - simple analgesia and supportive care only</p> <p>If symptoms lasting &gt;10 days and the young person is &gt;12 years of age – consider a nasal corticosteroid for 2 weeks</p> <p><b>If signs and symptoms are not typical of sinusitis and the diagnosis is in doubt, discuss with an ear, nose and throat specialist</b></p> | <p>Most infections do not require antibiotics</p> <p>If criteria for bacterial infection met (see above)</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> line treatment: Phenoxymethylpenicillin<br/><a href="#">Phenoxymethylpenicillin   Drugs   BNFC   NICE</a></li> <li>• 2<sup>nd</sup> line (if fails to respond in 2-3 days): Co-amoxiclav<br/><a href="#">Co-amoxiclav   Drugs   BNFC   NICE</a></li> <li>• If penicillin allergy: clarithromycin or doxycycline (&gt;12 years)</li> <li>• See <a href="#">UKPAS</a></li> </ul> | <p>Severely unwell</p> <p>Concerns over orbital or intra-cranial complications</p> |