Acute Rhinosinusitis in Non-Pregnant Adults

**Clinical picture suggestive of acute rhinosinusitis?** (clinical diagnosis – radiographs are not necessary)

- Present for more than 10 days and not improving
  - OR
  - Worsening after initial improvement
  - OR
  - Severe symptoms (moderate-severe pain or temperature \( \geq 38.3 \text{ C or 101 F} \))

**Likely viral etiology, antibiotic therapy not indicated**

- Start therapy to relieve obstruction and alleviate symptoms
  - NSAIDs or acetaminophen for pain
  - Nasal saline washes
  - Consider:
    - Topical glucocorticoid (nasal)
    - Decongestants (nasal or systemic)

**Bacterial etiology more likely, initiate antibiotic therapy and nasal saline washes**

**1st line:** Amoxicillin-clavulanate 875mg BID for 7-10 days
  - OR
  - Levofloxacin 500mg QDay for 7-10 days

**Absence of clinical response within 7 days**

**Change antibiotic therapy if drug-resistant infection suspected**

**Note:** This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; adjust for renal impairment when necessary.


*Complications of acute sinusitis may include meningitis, orbital cellulitis, osteomyelitis of sinus bones, invasive fungal superinfection.