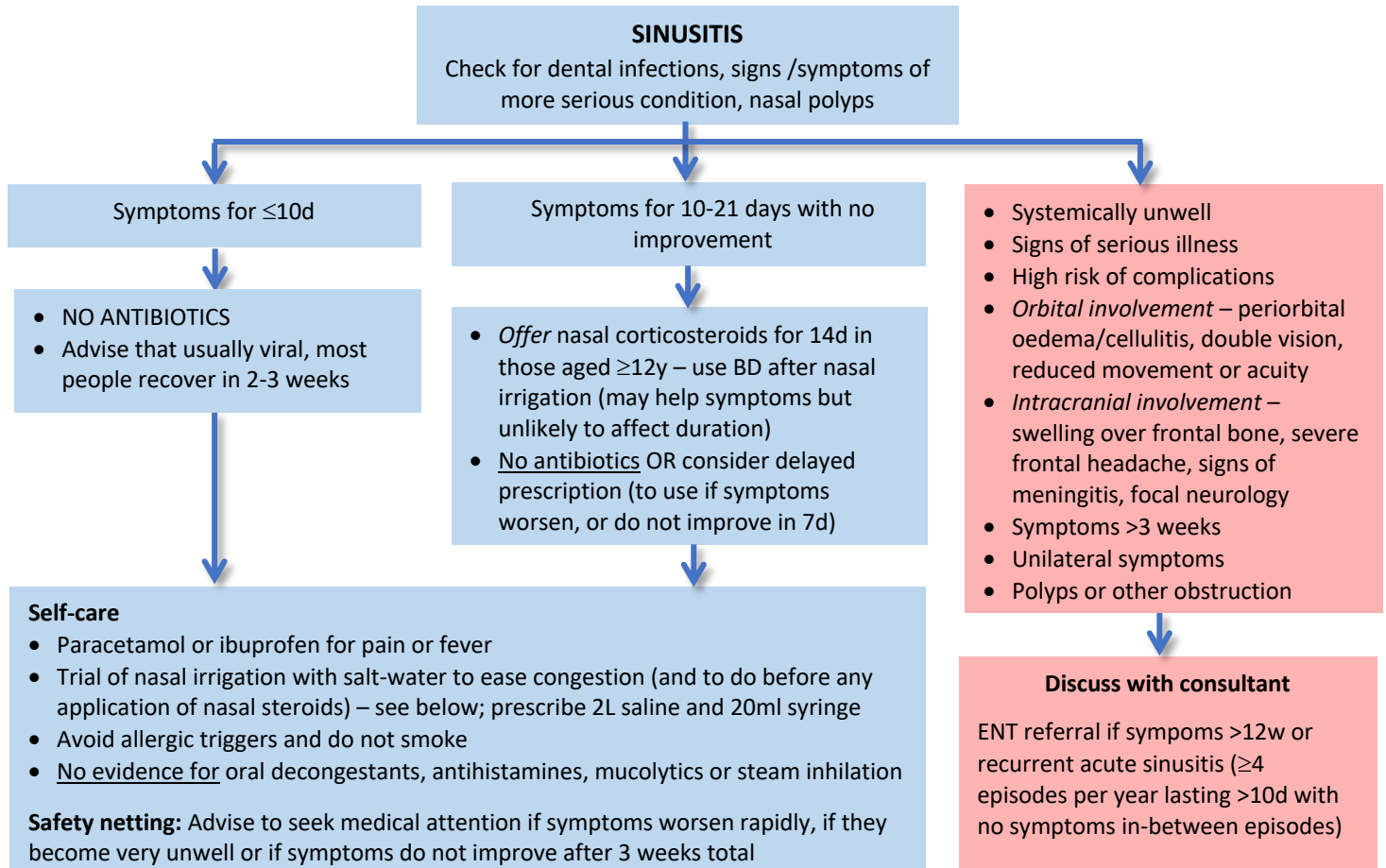


Acute sinusitis

- Self-limiting and usually triggered by a viral infection (<2% cases are **complicated by bacterial infection**)
- Symptoms can last 2-3 weeks and most people recover in this time, regardless of cause
- Antibiotics make very little difference to the duration of symptoms and complications are rare, so **antibiotics are not needed for most people**
- The number who improve with antibiotics is similar to the number who get adverse effects (usually diarrhoea)
- Imaging not required

Acute sinusitis	Allergic rhinitis
Both conditions have nasal obstruction; there is a big overlap of allergic rhinitis and <i>chronic sinusitis</i>	
Purulent discharge	Thin, watery discharge - forwards of backwards
Facial/dental pain and facial tenderness	Sneezing
+/- fever	Nasal itching
	+/- allergic conjunctivitis



	DRUG	DOSE	DURATION
<u>First line</u>	Penicillin V*	Child 1-11m: 62.5mg QDS or 125mg BD Child 1-5y: 125mg QDS or 250mg BD Child 6-11y: 250mg QDS or 500mg BD Adult/child>12y: 500mg QDS or 1g BD	5 days
If penicillin allergy/intolerance	Clarithromycin	8 to 11 kg: 62.5 mg BD 12 to 19 kg: 125 mg BD 20 to 29 kg: 187.5 mg BD 30 to 40 kg: 250 mg BD; Child ≥ 12yrs and adults: 250mg BD	5 days
	Erythromycin – if pregnant, or if child unable to take tablets	Child 1m-7y: 40mg/kg divided BD Adult and child > 8yrs: 500 – 1000mg BD	5 days
<i>Alternative first line if systemically very unwell, signs of more serious illness or high risk of complications</i>	Amoxicillin/Clavulanic acid	High dose: 80mg/kg amoxicillin component, divided BD (max 1g BD)	5 days
<u>Second line</u> - if symptoms worsening after 2-3d of first-line			

* First choice as narrow spectrum so lower chance of causing AMR; use amoxicillin if Penicillin V not available

How to do a 'delayed prescription of antibiotics'

Write a paper prescription (add expiry date 5-10 days time), explain that antibiotics are not required at present and that we expect the infection to get better on its own, but in case symptoms continue/worsen, they can fill the prescription at a pharmacy after a predetermined period (e.g. 2-3d)

Nasal irrigation

1. Use the sterile saline solution as prescribed at clinic.
2. If this is not affordable or if you run out, you can make your own solution: boil 250ml of water, then leave it to cool; mix ½ teaspoon of salt and ½ teaspoon of bicarbonate of soda into the water. Make a fresh solution each time you clean your nose. You must use boiled water to avoid infection.
3. Wash your hands.
4. Fill the syringe with the saline solution.
5. Stand over a sink or a bowl.
6. Put the syringe into one nostril and push the liquid into your nose. Breathe through your mouth and allow the water to pour back into the sink/bowl. Try not to let the water go down the back of your throat.
7. Repeat until the liquid runs clear and then do the same in the other nostril.
8. Do this 2 or 3 times each day until your nose feels more comfortable.
9. If you were prescribed a nasal spray, then use this *after* the nasal irrigation.



References

WHO Essential Medicines: <https://list.essentialmeds.org/recommendations/571>; <https://list.essentialmeds.org/recommendations/542>
Up-To-Date accessed 1/3/23; NICE 2017 NG79 <https://www.nice.org.uk/guidance/ng79/resources/visual-summary-pdf-4656316717>

Reviewed and approved by AIC Kijabe Hospital AMS Committee November 2023

Version 2; 11/23