

Acute Sinusitis

For use by healthcare professionals only



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

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 <10 days - simple analgesia and supportive care only</p> <p>If symptoms lasting >10 days and the young person is >12 years of age – consider a nasal corticosteroid for 2 weeks</p> <p>If signs and symptoms are not typical of sinusitis and the diagnosis is in doubt, discuss with an ear, nose and throat specialist</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"> • 1st line treatment: Phenoxymethylpenicillin Phenoxymethylpenicillin Drugs BNFC NICE • 2nd line (if fails to respond in 2-3 days): Co-amoxiclav Co-amoxiclav Drugs BNFC NICE • If penicillin allergy: clarithromycin or doxycycline (>12 years) • See UKPAS 	<p>Severely unwell</p> <p>Concerns over orbital or intra-cranial complications</p>