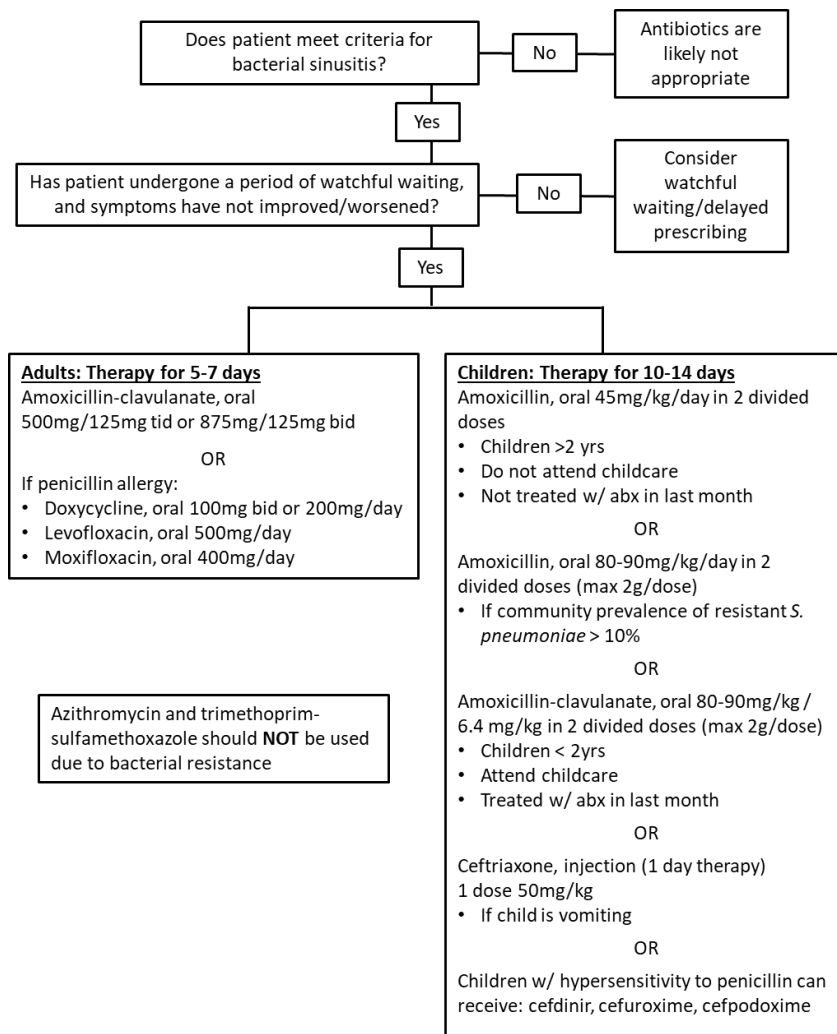


# Appropriate Prescribing Guidelines in the Outpatient Setting: Upper Respiratory Infections and Acute Sinusitis

## TREATMENT<sup>2,3,4</sup>

**NOTE:** Viral URIs *never* need antibiotics and using them puts patients at risk for side effects and adverse events without offering any benefit. This is a matter of patient safety. Most cases of sinusitis improve without antibiotics, even if they do have a bacterial etiology.



## EPIDEMIOLOGY/ETIOLOGY

- 3 most common etiologies are viral: rhinovirus, seasonal coronavirus, influenza
- Rarely (~2% of cases), viral URIs will lead to secondary bacterial infections, mostly with *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*

## DIAGNOSIS<sup>1</sup>

- Cultures are generally *not* appropriate
- Clinically, a bacterial sinusitis diagnosis can be established if symptoms are
  - Persistent: > 10 days w/o improvement
  - Worsening: after initial improvement
  - Severe: 3-4 days of fever, facial pain or swelling
- Viral and bacterial infections cannot be distinguished based on the color of discharge/sputum

Learn more about antibiotic stewardship practices and prescribing guidelines at <https://hip.phila.gov/HAIAR/IP-C>

### References:

1. Sinus Infection (Sinusitis). Centers for Disease Control and Prevention <https://www.cdc.gov/antibiotic-use/sinus-infection.html>. Published August 17, 2019.
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3. Rosenfeld RM et al. Clinical practice guideline (update): Adult sinusitis. *Otolaryngol Head Neck Surg*, Volume 152, Issue 2\_suppl, 1 April 2015, Pages S1-S39. doi: <https://doi.org/10.1177/0194599815572097>
4. Wald et al. Clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. *Peds*, Volume 132, Issue 1, July 2013, Pages e262-e280. doi: <https://doi.org/10.1542/peds.2013-1071>