

Condition: Sinusitis
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: xx days/weeks

Severity: mild/moderate/severe

Associated Symptoms:

- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: hoarseness, sore throat
- Nose: rhinorrhea, congestion
- Eye: injection, drainage, visual changes, L/R
- Other: HA, mental status/activity change

PMFS: Review

Note: Hx sinusitis

Social: Smoking status, smoke exposure

ROS as in HPI

EXAM

Vitals

- Temp: patient/family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

Respiratory Effort: Speaks in full sentences

Eyes: Injection, drainage, proptosis, L/R

HEENT: Facial tenderness to percussion, facial swelling or asymmetry, dentition.

Neuro: Mental Status - alert and interacting, EOMI, facial symmetry.

MDM

Well appearing. Duration <4weeks.

Acute sinusitis:

- Acute inflammation of nasal cavity and paranasal sinuses
- Lasting <4 weeks
- 98% viral with resolution within 10-14 days

Viral sinusitis:

- Symptoms <10 days and improving
- **Care is supportive/symptomatic:** OTC analgesics, nasal saline wash, oral or nasal decongestants, nasal steroids, mucolytics, avoid antihistamines.

Bacterial sinusitis:

- Symptoms >10 days without improvement, severe (fever, purulent drainage, facial pain) at onset.
- **Care is supportive/symptomatic:** abx vs obs
 - **Adults:** first line amox/clav 500/125mg PO TID **or** 875/125 PO BID for 5-7 days.
 - **Peds:** amox/clav 45mg/kg/day divided BID (max 2000mg) for 10-14 days.

Considerations:

- Ddx of concern: meningitis, cavernous sinus thrombosis, etc.
- Purulent drainage can be viral or bacterial: at onset, consider bacterial, if after some days, viral.
- Allergic sinusitis: care is antihistamines and nasal steroids.
- Refer for exam if severe headache, abnormal vision, facial swelling, altered mental status, proptosis, cranial nerve findings, concern for fungal sinusitis (immunocompromised, DM)