

Sinusitis (acute): antimicrobial prescribing



In November 2017, NICE Bites, [Sinusitis NICE BITES](#), produced an antimicrobial prescribing strategy for acute sinusitis based on NICE guidance [NICE NG79: 2017](#). The aim of the NICE Bites guideline is to limit antibiotic use and reduce antimicrobial resistance. The guideline summarises the treatment and management of sinusitis into 3 groups:

People presenting with symptoms for around ≤ 10 days

- **Do NOT offer an antibiotic prescription**
- Give advice about:
 - The usual course of acute sinusitis lasting 2 – 3 weeks
 - An antibiotic not being needed
 - Self care (see table 1) for managing symptoms including fever
 - Seeking medical help if symptoms worsen rapidly or significantly, do not improve after 3 weeks, or they become systemically unwell
 - Reassess if symptoms worsen rapidly or significantly

Table 1 Self care

- Consider paracetamol or ibuprofen for pain or fever (assess and manage children aged <5 years who present with fever as outlined in [NICE guideline - fever in under 5s](#))
- Explain that some people may wish to try nasal saline or nasal decongestants, although there is not enough evidence to show that they help to relieve nasal congestion
- Explain that no evidence was found for using oral decongestants, antihistamines, mucolytics, steam inhalation, or warm face packs

People presenting with symptoms for around ≥ 10 days with no improvement

- Consider prescribing a high-dose nasal corticosteroid (unlicensed) for 14 days for adults and children ≥ 12 years, being aware that nasal corticosteroids:
 - may improve symptoms but are not likely to affect how long they last; could cause systemic effects, particularly in people already taking another corticosteroid; may be difficult for people to use correctly
- Consider no antibiotic prescription or a back-up antibiotic prescription taking account of:
 - evidence that antibiotics make little difference to symptom duration, or proportion of people with improved symptoms
 - withholding antibiotics is unlikely to lead to complications
 - possible adverse effects, particularly diarrhoea and nausea
 - factors that might make a bacterial cause more likely

People presenting at any time who are systemically very unwell, have symptoms and signs of a more serious illness or condition, or are at high risk of complications

- Offer an immediate antibiotic prescription or further appropriate investigation and management in line with [NICE pathways - respiratory tract infections \(self-limiting\) prescribing antibiotics](#)
- Refer people to hospital if they have symptoms and signs of acute sinusitis associated with any of the following: severe systemic infection, see [NICE pathway - sepsis](#); intraorbital or periorbital complications including periorbital oedema or cellulitis, a displaced eyeball, double vision, ophthalmoplegia, or newly reduced visual acuity; intracranial complications, including swelling over the frontal bone, symptoms or signs of meningitis, severe frontal headache, or focal neurological signs.