

ACUTE BACTERIAL SINUSITIS IN ADULTS AND CHILDREN^a IDSA TREATMENT RECOMMENDATIONS
(continued)
Severe infection requiring hospitalization
Adults:

- 1) Ampicillin-sulbactam 1.5 to 3 g IV q 6 h
- 2) Levofloxacin^d 500 mg PO/IV once daily
- 3) Moxifloxacin^d 400 mg PO/IV once daily
- 4) Ceftriaxone 1 to 2 g IV q 12 to 24 h
- 5) Cefotaxime 2 g IV q 4 to 6 h

Peds:

- 1) Ampicillin-sulbactam 200 to 400 mg/kg/day IV q 6 h
- 2) Ceftriaxone 50 mg/kg/day IV q 12 h
- 3) Cefotaxime 100 to 200 mg/kg/day IV q 6 h
- 4) Levofloxacin^d 10 to 20 mg/kg/day IV q 12 to 24 h

Adapted from *Clin Infect Dis* 2012;54(8):e72-e112. Available online at: <http://www.idsociety.org>.

^aAAP (*Pediatrics* 2013;132:e262-e280; pediatrics.aappublications.org) recommends amoxicillin 1st-line for uncomplicated acute sinusitis in children if antimicrobial resistance is not suspected. It recommends amoxicillin 45 mg/kg/day PO divided two times per day for mild-moderate sinusitis in children 2 yo or older who do not attend daycare and have not received an antibiotic in the past month. It recommends amoxicillin 80 to 90 mg/kg/day (max 4 g/day) divided two times per day in communities with a high prevalence of nonsusceptible *S. pneumoniae* (at least 10%). Amoxicillin-clavulanate 80 to 90 mg/kg/day (max 4 g/day) PO divided two times per day is an option for moderate-severe sinusitis, and for children younger than 2 yo, attending daycare, or who received an antibiotic in the past month.

^bRisk factors for antibiotic resistance include attendance at daycare, age younger than 2 yo or older than 65 yo, recent hospitalization, antibiotic use within the past month, or patients who are immunocompromised.

^cHigh-dose amoxicillin-clavulanate is recommended for geographic regions with high endemic rates (at least 10%) of invasive penicillin-nonsusceptible *S. pneumoniae*, severe infection (e.g., evidence of systemic toxicity with fever of 39°C or higher, and threat of suppurative complications), or risk factors for antibiotic resistance. Use the 14:1 formulation that provides amoxicillin 90 mg/kg/day and clavulanate 6.4 mg/kg/day. If the 14:1 formulation is not available, use the 7:1 formulation with additional amoxicillin. Do not increase the dose of the 4:1 or 7:1 formulation in order to achieve a higher dose of amoxicillin; an excessive clavulanate dose increases the risk of diarrhea.

^dAs of May 2016, FDA advises that, for patients with other treatment options, the risk of serious adverse events exceeds the benefit of treating acute sinusitis with a quinolone. Therefore, quinolones should be reserved for patients with acute sinusitis who do not have other treatment options.

^eClindamycin resistance in *S. pneumoniae* is common in some areas of the United States.