

ACUTE BACTERIAL SINUSITIS IN ADULTS AND CHILDREN^a IDSA TREATMENT RECOMMENDATIONS

Initial therapy: mild to moderate infection and no risk factors for resistance	
Adults: Treat for 5 to 7 days with: 1) Amoxicillin-clavulanate 500 mg/125 mg PO three times per day or 875 mg/125 mg PO two times per day 2) Doxycycline 100 mg PO two times per day or 200 mg PO once daily	Peds: Amoxicillin-clavulanate ^a 45 mg/kg/day PO two times per day for 10 to 14 days
Initial therapy: severe infection, risk factors for resistance, ^b or high endemic rate of invasive, penicillin-nonsusceptible <i>S. pneumoniae</i> ($\geq 10\%$)	
Adults: Treat for 5 to 7 days with: 1) Amoxicillin-clavulanate ^c 2000 mg/125 mg PO two times per day 2) Doxycycline 100 mg PO two times per day or 200 mg PO once daily	Peds: Amoxicillin-clavulanate ^{a, c} 90 mg/kg/day PO two times per day for 10 to 14 days
Beta-lactam allergy	
Adults: Treat for 5 to 7 days with: 1) Doxycycline 100 mg PO two times per day or 200 mg PO once daily 2) Levofloxacin ^d 500 mg PO once daily 3) Moxifloxacin ^d 400 mg PO once daily	Peds: Treat for 10 to 14 days. Type 1 hypersensitivity: Levofloxacin ^d 10 to 20 mg/kg/day PO divided q 12 to 24 h. Non-type 1 hypersensitivity: Clindamycin ^e 30 to 40 mg/kg/day PO three times per day plus cefixime 8 mg/kg/day PO two times per day or cefpodoxime 10 mg/kg/day PO two times per day
Risk factors for antibiotic resistance ^b or failed first-line therapy	
Adults: Treat for 5 to 7 days with: 1) Amoxicillin-clavulanate ^c 2000 mg/125 mg PO two times per day 2) Levofloxacin ^d 500 mg PO once daily 3) Moxifloxacin ^d 400 mg PO once daily	Peds: Treat for 10 to 14 days with: 1) Amoxicillin-clavulanate ^c 90 mg/kg/day PO two times per day 2) Clindamycin ^e 30 to 40 mg/kg/day PO three times per day plus cefixime 8 mg/kg/day PO two times per day or cefpodoxime 10 mg/kg/day PO two times per day 3) Levofloxacin ^d 10 to 20 mg/kg/day PO q 12 to 24 h

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