

# Using the acute sinusitis **PGDs**

If the patient has passed the Gateway Point in the clinical pathway, and has two or more of the following symptoms, this suggests acute bacterial sinusitis:

- Marked deterioration after an initial milder phase
- Fever (>38°C)
- Unremitting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw.

If a bacterial infection is NOT indicated, offer self-care advice and pain relief. Depending on the severity of the symptoms, consider offering a high dose nasal corticosteroid:

- 1 Fluticasone** – in children aged 12 years and over and adults
- 2 Mometasone** – in children aged 12 years and over and adults.

If a bacterial infection IS suggested, and based on the severity of symptoms, offer as a first option a high dose nasal corticosteroid. If this is unsuitable or ineffective there are four antibiotic options:

- 1 Phenoxymethylpenicillin** – for individuals aged 12 years and over
- 2 Clarithromycin** – for individuals aged 12 years and over with reported penicillin allergy
- 3 Doxycycline** – for individuals aged 12 years and over with reported penicillin allergy
- 4 Erythromycin** – for individuals aged 16 years and over who are pregnant, or where pregnancy is suspected, with reported penicillin allergy.

Check the patient meets the criteria for inclusion, then determine whether the patient might be excluded from treatment. General criteria for exclusion in all PGDs for acute sinusitis include:

- Individuals under 12 years of age
- Pregnancy or suspected pregnancy in individuals under 16 years of age
- Individuals who are immunosuppressed or are currently taking immunosuppressants (including systemic corticosteroids) or immune modulators
- Severely immunosuppressed individuals (as defined in Chapter 28a of the Green Book)
- Nasal trauma
- Epistaxis
- Foreign body inserted into nasal passage
- Recurrent sinusitis (four or more annual episodes of sinusitis without persistent symptoms in the intervening periods)
- Chronic sinusitis (sinusitis that causes symptoms that last for more than 12 weeks)
- Anatomic defect(s) causing nasal obstruction
- Co-morbidities complicating management such as nasal polyps
- Individual has signs of a more serious illness or condition, i.e. red flag symptoms:

## Medicines that can be supplied, dose and frequency

Medication	Dose and frequency
<b>Duration of treatment – 14 days</b>	
Fluticasone furoate 27.5mcg/dose nasal spray Note: not licensed for the treatment of sinusitis but use for this indication and at this dose is supported by NICE guidance	Two actuations (27.5mcg/actuation) in each nostril twice daily (total dose 110mcg twice daily)
Mometasone furoate monohydrate 50mcg/dose nasal spray Notes: 1. ONLY the supply of the POM (and not the P medicine pack) is permitted 2. Not licensed for the treatment of sinusitis but use for this indication and at this dose is supported by NICE guidance	Two actuations (50 mcg/actuation) in each nostril twice daily (total dose 200mcg twice daily)
<b>Duration of treatment – five days</b>	
<b>Phenoxymethylpenicillin</b> 250mg tablets 125mg/5ml oral soln or susp x 100ml 250mg/5ml oral soln or susp x 100ml (or sugar-free alternatives)	500mg four times a day
<b>Clarithromycin</b> 250mg tablets 500mg tablets 125mg/5ml oral susp or soln x 70ml 250mg/5ml oral susp or soln x 70ml	500mg twice daily (every 12 hours)
<b>Doxycycline</b> 50mg caps 100mg caps 100mg dispersible tablets	200mg as a single dose on the first day and then 100mg once daily for four days
<b>Erythromycin</b> 250mg tablets 250mg gastro-resistant tablets 500mg tablets 125mg/5ml oral susp or soln x 100ml 250mg/5ml oral susp or soln x 100ml 500mg/5ml oral susp or soln x 100ml (or sugar-free alternatives)	500mg four times a day

intraorbital (within the eye) or periorbital (around the eye) complications such as oedema or cellulitis, displaced eyeball, double vision, ophthalmoplegia (paralysis/weakness of the eye muscles), or newly reduced visual acuity (reduced vision), intracranial complications such as swelling over the frontal bone, symptoms or signs of meningitis, severe frontal headache or focal neurological signs.

- Possible cancer:
  - o Unilateral (one sided) polyp or mass or bloody nasal discharge present
  - o Persistent unilateral symptoms, such as nasal obstruction, nasal discharge or nosebleeds, crusting or facial swelling
- Concurrent use of any interacting medicine.

For high dose nasal corticosteroids, additional criteria for exclusion are:

- Failed previous intranasal steroid for this episode of sinusitis
- Symptom duration less than 10 days
- Individuals with blurred vision or other visual disturbances
- Individuals with known or suspected glaucoma or raised intraocular pressure
- Individuals with untreated localised infection involving the nasal mucosa, such as herpes simplex
- Any individual identified with symptoms of severe/life-threatening infection or systemic sepsis
- Individuals currently taking oral, inhaled,

topical or parenteral corticosteroids for any indication.

For antibiotics, additional criteria for exclusion are:

- Known hypersensitivity to phenoxymethylpenicillin (penicillin-V)
- History of severe immediate hypersensitivity reaction (e.g. anaphylaxis) to another beta-lactam antibiotic
- Individuals following a ketogenic diet
- Failed previous antibiotic for this episode of sinusitis
- Suspected allergic or immunological cause of sinusitis
- Individuals currently taking/receiving medicines known to cause agranulocytosis (e.g. methotrexate, sulfasalazine, carbimazole, propylthiouracil, cotrimoxazole, valganciclovir, clozapine, carbamazepine, plus all chemotherapy)
- Known chronic kidney disease (CKD) stages 4 or 5 (eGFR <30ml/min/1.73m<sup>2</sup>)
- Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine.

Refer to the PGDs for a specific list of exclusions for:

Fluticasone  
Mometasone  
Phenoxymethylpenicillin  
Clarithromycin  
Doxycycline  
Erythromycin.