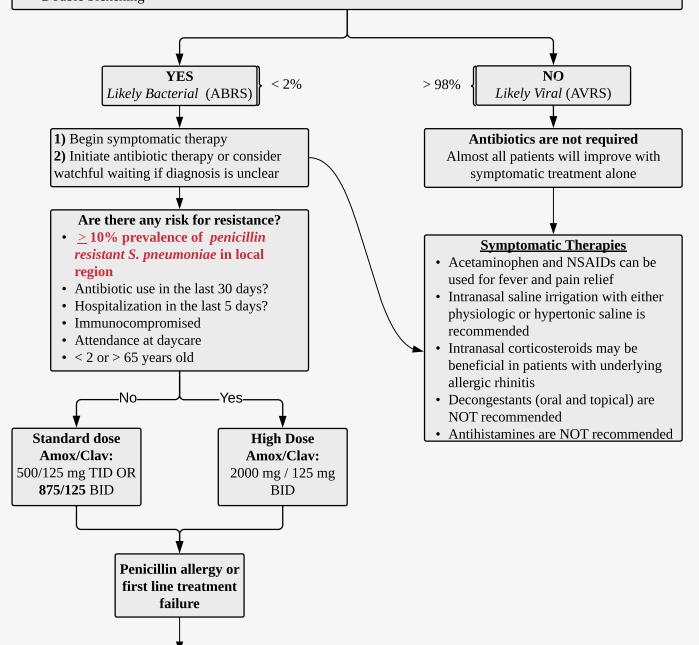
## Acute Rhinosinusitis (ARS) Treatment Algorithm<sup>1,2</sup>

## Are any of the following symptoms present?

- Onset with **persistent** s/s of acute sinusitis ≥ **10 days** without any evidence of clinical improvement
- Onset with **severe** s/s including a temp ≥ **102**°F **AND purulent** nasal discharge or facial pain lasting for at least **3 to 4 consecutive days** at the beginning of the infection
- Onset with **worsening** s/s following a typical viral URI that lasted 5-6 days and were *initially improving*; "Double Sickening"



- Doxycycline 100 mg BID or 200mg once daily
- Levofloxacin 500 mg once daily
- Moxifloxacin 400 mg once daily
- Clindamycin 150 mg or 300 mg Q6H + cefixime 400mg once daily or cefpodoxime 200 mg BID
- 1. Chow AW, Benninger MS, Brook I, Brozek JL, Goldstein EJC, Hicks LA, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. Clin Infect Dis [Internet]. 2012 Apr 15 [cited 2018 Jul 12];54(8):e72–112.
- 2. Aring AM, Chan MM. Current Concepts in Adult Acute Rhinosinusitis. Am Fam Physician [Internet]. 2016 Jul 15 [cited 2018 Jul 18];94(2):97–105.

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