

August, 2011

Memorandum

To: Family Physicians, General Internists, Otolaryngologists, Adult Primary Care Nurse Clinicians

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)
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Subject: **UMHS Clinical Care Guideline Update: Rhinosinusitis**

The updated UMHS clinical care guideline “Rhinosinusitis” has been sent electronically to health care clinicians.

What’s New!



- Probability estimation. Discussion of how to estimate the probability of acute bacterial sinusitis has been expanded to include symptom duration.
- Antibiotic selection. Antibiotic choices have been updated and are grouped into first line, alternative first line, and second line (see Table 4).
- Adjuvant therapy. Information on options and their likely effectiveness has been updated and the targeted diagnosis and symptoms addressed by adjuvant therapy has been clarified.

Key aspects.



- Diagnosis. Estimate the probability of acute bacterial rhinosinusitis based on history and physical examination.
- Treatment. Decide whether or not to prescribe antibiotic therapy based on benefits (the probability that you are treating a bacterial infection) and risks. Symptoms resolve within two weeks without antibiotics in 70% of cases and with antibiotics in 85% of cases.
- Medications. Amoxicillin or trimethoprim/sulfamethoxazole for 10-14 days remain the agents of choice for acute bacterial rhinosinusitis. First line alternative antibiotics include doxycycline (100 mg BID x 10-14 days) for the lowest cost and azithromycin (500 mg daily x 3 days) for the shortest course.
- Imaging. If symptoms of rhinosinusitis persist for more than three weeks despite antibiotics or recur more than three times per year, perform a limited sinus CT (coronal plane) while the patient is symptomatic to reassess diagnosis and determine need for referral.

Internet Links.

- Patient Education:
[Saline Nasal Sprays & Irrigation](#)
- UMHS Clinical Care Guidelines: <http://www.med.umich.edu/i/oca/practiceguides/>