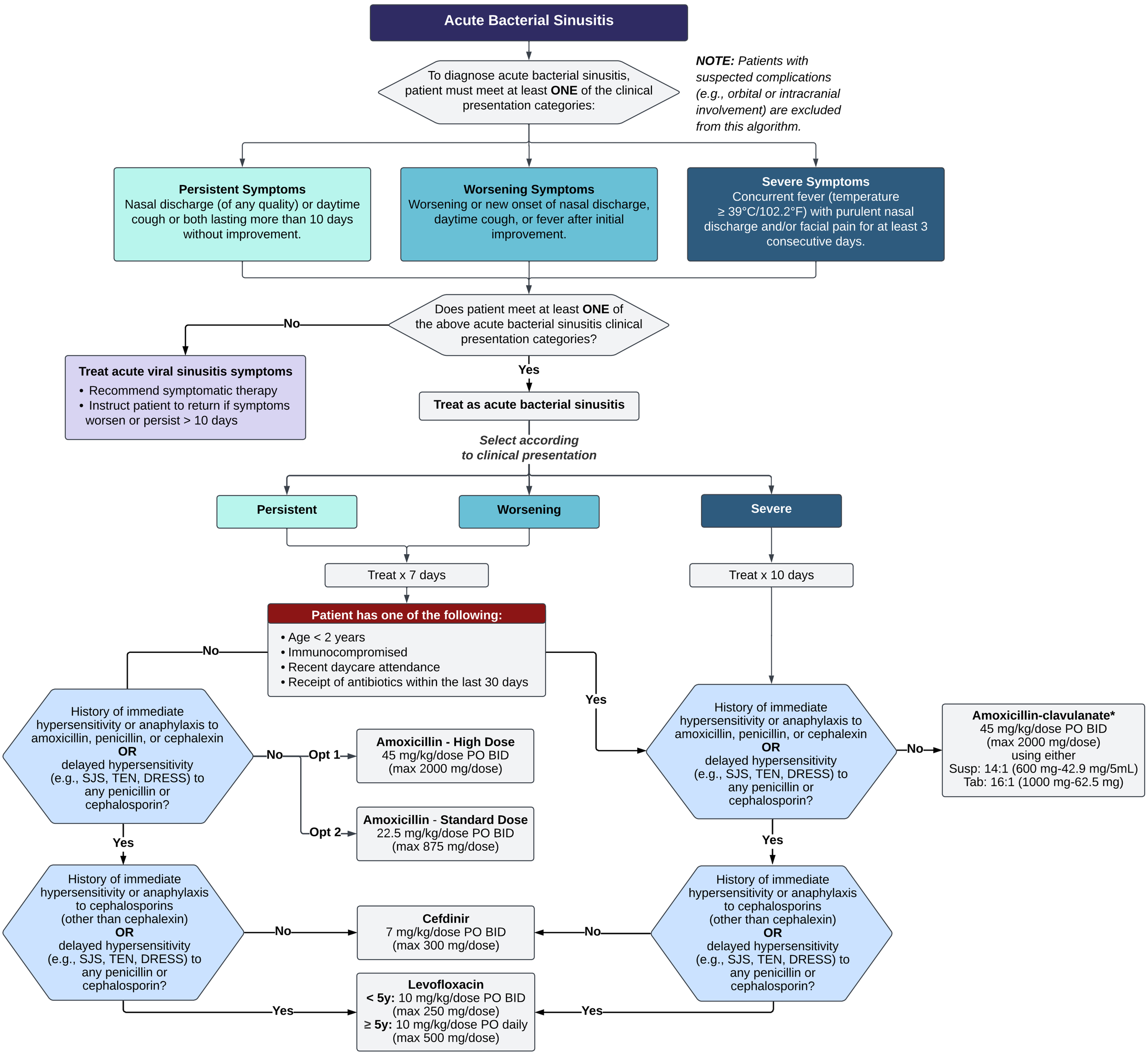
Stanford MEDICINE Children's Health

CORIZA
Clinical Optimization of Respiratory Infections: Zeroing in on Antibiotics

Acute Bacterial Sinusitis



Allergy Guidance

- *Amoxicillin (or amoxicillin/clavulanate when indicated) is the recommended first-line agent for sinusitis.*
- *Although 10% of the population reports a penicillin allergy, <1% of the population is truly allergic. Correctly identifying if your patient is actually penicillin-allergic can reduce unnecessary use of broad-spectrum antibiotics.*
- *Per the 2022 AAAAI Guidelines, cefdinir is recommended for patients with a history of allergic reactions, including anaphylaxis, to amoxicillin, penicillin, or cephalexin, as it does not share the same R1 side chain.*
- *For patients with a history of cephalosporin allergy or delayed hypersensitivity reaction (e.g., SJS, TEN, DRESS) to penicillins or cephalosporins or worsening disease after 48-72 hours on cefdinir, use levofloxacin.*

* *Amoxicillin-clavulanate (Augmentin) dosing guideline available at the following link.*

References

1. Wald ER, Applegate KE, Bordley C, et al. Clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. *Pediatrics*. 2013;132(1):e262-e280. doi:10.1542/peds.2013-1071
2. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical practice guideline (update): adult sinusitis. *Otolaryngol Head Neck Surg*. 2015;152(2 Suppl):S1-S39. doi:10.1177/0194599815572097
3. Chow AW, Benninger MS, Brook I, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. *Clin Infect Dis*. 2012;54(8):e72-e112. doi:10.1093/cid/cir1043

This algorithm is general guidance and is not intended to replace or supersede clinical judgment.

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Created: 1.2025 / Last Updated: 7.2025