

1. Acute bacterial sinusitis

- a. Caused by Streptococcus pneumoniae, Haemophilus and Moraxella
- b. Antibiotics appropriate if symptom duration is 7 days or more and either worsening or failing to improve
- c. **Streptococcus pneumoniae has high-rate of resistance to azithromycin** - it is recommended to NOT treat bacterial sinusitis with azithromycin!
- d. Duration of antibiotic is 5-7 days
- e. Augmentin is the first choice for kids and adults; could use straight amoxicillin for adults. Doxycycline can be used as a second choice. Levofloxacin or moxifloxacin can be a third choice or if there is treatment failure.
- f. **Additional options for viral sinusitis and rhinorrhea beyond typical OTC oral meds:**
 - i. **I have had excellent luck prescribing nasal ipratropium for patients dealing with rhinorrhea and postnasal drip. I typically use the higher strength at 0.06% which can be used for up to 4 days. This can even be used in pediatric patients!**
 - ii. **Flonase/fluticasone is an option, but I find that the nasal ipratropium works much quicker**
 - iii. **Honey (straight or in a small amount of warm water) for children (ages 12+months) helps with cough**
 - iv. **For a very sore mouth or throat, 2% viscous lidocaine can be helpful**
 - v. **For infants, nasal suctioning is very helpful**

2. Bacterial Pharyngitis

- a. Usually Streptococcus pyogenes (Group A Strep). May be Strep Group C or G; Adults can get Fusobacterium that can lead to rare cases of Lemierre's Syndrome. GAS in patients < 3 years old is very rare.
- b. **Centor Criteria is best used to determine who should be tested.** It is generally not used to empirically treat Strep Throat. If rapid test is negative, order 'Strep A by PCR' as the followup test. Actual cultures are generally not used these days.
- c. Duration is 10 days of antibiotic
- d. Penicillin or amoxicillin is first choice, alternative could be cephalosporin. If still not an option, azithromycin (5 days) or clindamycin can be used. Azithromycin is not effective against Fusobacterium, so generally avoid this antibiotic in adults. Due to the amoxicillin shortage, alternatives for Strep throat include penicillin V (not as palatable, however) or you can consider cephalexin.