

Pharmacy First: Acute Sinusitis

NICE NG79 | NHS England Pharmacy First PGDs 6c/6d/6e v1.1 (Oct 2025)

REFER NOW: Red Flags

- **Orbital complications:** eye swelling/redness, displaced eyeball, double vision, reduced visual acuity: A&E; urgently
- **Intracranial signs:** swelling over forehead, severe frontal headache, neck stiffness, focal neurology: A&E; urgently
- **Sepsis signs:** call 999
- **Suspected cancer:** unilateral polyp/mass or bloody nasal discharge: refer to GP urgently

Do not supply antibiotics if any red flag is present.

CHECK: Eligibility

- Age 12 and over (under 12: outside Pharmacy First pathway)
- Not recurrent sinusitis (4+ episodes/year) or chronic (symptoms 12+ weeks)
- No nasal polyps, trauma, epistaxis, or foreign body
- Not severely immunocompromised (refer to GP same day)
- Check pregnancy/breastfeeding status before selecting antibiotic

Group A: nasal symptom (one required)	Group B: supporting feature (one required)	Notes
Nasal blockage or congestion	Facial pain, pressure, or headache (cheeks, forehead, or around eyes)	Both groups must be present. Group A alone or Group B alone is not enough.
Nasal discharge (anterior or posterior drip)	Reduced or lost sense of smell (adults) OR cough day or night (children 12-17)	If neither group is satisfied, the patient does not meet the acute sinusitis criteria.

Feature	What to ask or observe	Present?
Double-sickening	Did symptoms improve at first, then get clearly worse? (Not just fluctuating)	Y / N
Fever (>38°C)	Temperature above 38°C in the last 24 hours. Ask directly as patients may not volunteer this.	Y / N
Purulent nasal discharge	Persistent thick or discoloured discharge. Coloured discharge alone is not enough.	Y / N
Unilateral jaw or tooth pain	Severe localised pain on one side of the face, jaw, or teeth	Y / N

✓ SUPPLY: Antibiotic Choices

- **First line:** Phenoxyethylpenicillin 500mg four times daily for 5 days (empty stomach)
- **Penicillin allergy:** Clarithromycin 500mg twice daily for 5 days (not in pregnancy)
- **Penicillin allergy:** Doxycycline 200mg day 1 then 100mg once daily x4 days (not in pregnancy or breastfeeding)
- **Pregnant 16+:** follow erythromycin PGD 6f

Check interactions: methotrexate (pen V); simvastatin, warfarin and DOACs (clarithromycin); retinoids/ciclosporin (doxycycline).

Criteria and self-care:

Antibiotics require symptoms for more than 10 days (10 days exactly does not qualify) with no improvement, OR 2+ bacterial features (full PGD criteria still apply), OR failed nasal corticosteroid for 14 days. Coloured discharge alone does not confirm bacterial infection. No steam inhalation (poor evidence of benefit and scalding risk). Symptoms should begin to improve within a few days; seek further advice if symptoms worsen or fail to improve. Consultation tip: use the checklist as a guide, maintain eye contact, and explore the patient symptom history rather than relying on tick-box responses.