Pharmacy Technician's Letter
a trchealthcare brand

Expect a “Watch and Wait” Approach for Acute Sinusitis

More patients with acute bacterial rhinosinusitis will be told to “watch and wait”...versus start an antibiotic.

Antibiotics aren’t often needed for acute UNcomplicated sinusitis...inflammation of tissues around the sinuses which often causes facial pressure or pain, fever, etc.

Most sinusitis cases are viral...and resolve on their own in a week or so. But a bacterial cause is likely if symptoms persist for at least 10 days without improvement or start to worsen after initially improving.

Before, antibiotics were sometimes started immediately for acute bacterial rhinosinusitis with SEVERE symptoms...such as fever of 102ºF or higher or nasal discharge with pus.

Now, new guidelines recommend watchful waiting for 3 to 5 days withOUT antibiotics in most healthy adults with acute bacterial sinusitis...regardless of severity.

Check for e-Rx notes to put an antibiotic on hold. Be ready to fill the Rx if the patient gets worse or doesn’t improve in a couple days.

If patients are hesitant about waiting to start the Rx, loop in your pharmacist to explain risks of antibiotics (drug interactions, resistance, etc)...and to encourage supportive measures in the meantime.

For example, patients can try taking pain meds such as ibuprofen, drinking plenty of fluids, or using nasal steroids such as fluticasone. Help patients find these products on OTC shelves if necessary.

Listen for patients asking about decongestants (pseudoephedrine, etc) or antihistamines (loratadine, etc)...these aren’t proven to help.

If antibiotics are needed, expect to see amoxicillin or amoxicillin/clavulanate first. Attach a “Take with food” auxiliary label to these Rxs...to help minimize stomach upset.

Watch strengths and sigs closely. For example, amoxicillin 500 mg is usually dosed tid...but amoxicillin 875 mg is bid.

Double-check allergies. Patients with a severe penicillin allergy (trouble breathing, etc) will often get doxycycline...or cefixime or cefpodoxime with or without clindamycin for milder reactions (rash, etc).

Stay alert for patients getting other antibiotics for sinusitis. Quinolones (levofloxacin, moxifloxacin, etc) should be a last resort...due to problems such as heart rhythm issues and tendon rupture.

And macrolides (azithromycin, etc) or TMP/SMX are unlikely to help...due to antibiotic resistance.

Most patients should get 5 to 7 days of antibiotics. Help ensure the quantity prescribed matches the days’ supply.

Compare antibiotic durations for other infections (strep throat, pneumonia, etc) with our resource, *Antibiotic Therapy: When Are Shorter Courses Better?*

Key References:

-Payne SC, McKenna M, Buckley J, et al. Clinical Practice Guideline: Adult Sinusitis Update. Otolaryngol Head Neck Surg. 2025 Aug;173 Suppl 1:S1-S56.
-Cleveland Clinic. Sinus Infection (Sinusitis). March 3, 2023. https://my.clevelandclinic.org/health/diseases/17701-sinusitis (Accessed September 4, 2025).

Cite this document as follows: Article, Expect a “Watch and Wait” Approach for Acute Sinusitis, Pharmacy Technician's Letter, December 2025

Pharmacy Technician's Letter. December 2025, No. 411217