



Acute Sinusitis Management

Under the Pharmacy First PGD

A Clinical Training Session for Community Pharmacists

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Learning Objectives

- 1 Understand the Pharmacy First clinical pathway for acute sinusitis
- 2 Identify diagnostic criteria and differentiate viral from bacterial sinusitis
- 3 Recognise red flag symptoms requiring urgent referral
- 4 Apply the PGD inclusion and exclusion criteria confidently
- 5 Select appropriate treatment options under the PGD
- 6 Deliver effective self-care and safety-netting advice

What Is Pharmacy First?



Complete episodes of care

Manage 7 common conditions in the pharmacy using clinical pathways and PGDs



Supply POM medicines

Prescribe and supply antibiotics, antivirals, and other POMs under PGDs



Reduce GP pressure

Shift appropriate consultations away from general practice



Sinusitis pathway

One of 7 clinical pathways — covering assessment, self-care and antibiotic supply

Launched
31 Jan 2024

NHS England
Advanced Service

Acute Sinusitis: The Basics

~98%

Viral cause

~2%

Bacterial
complication

2-3 wks

Typical
resolution

Key Points

- Inflammation of the paranasal sinuses, most commonly the maxillary sinuses
- Usually follows a viral upper respiratory tract infection (cold)
- Symptoms: nasal congestion, facial pain/pressure, purulent discharge, reduced smell
- Most cases are self-limiting — antibiotics make little difference to outcomes



Knowledge Check

What percentage of acute sinusitis cases are complicated by bacterial infection?

A. About 10%

B. About 2%

C. About 20%

D. About 50%

Answer: B — Only about 2 in 100 cases involve bacterial infection

Who Is Eligible for the Pathway?



Included

- Adults and children aged 12 years and over
- Presenting with symptoms of acute sinusitis
- Informed consent obtained



Excluded

- Immunosuppressed individuals
- Chronic sinusitis (symptoms >12 weeks)
- Pregnant individuals under 16 years
- Signs of serious complications (red flags)
- Those not meeting PGD-specific criteria

Diagnosing Acute Sinusitis

Diagnose by the presence of ONE or more from each group:

ONE or more of

- Nasal blockage (congestion)
- Nasal discharge (anterior / posterior nasal drip)

PLUS

ONE or more of

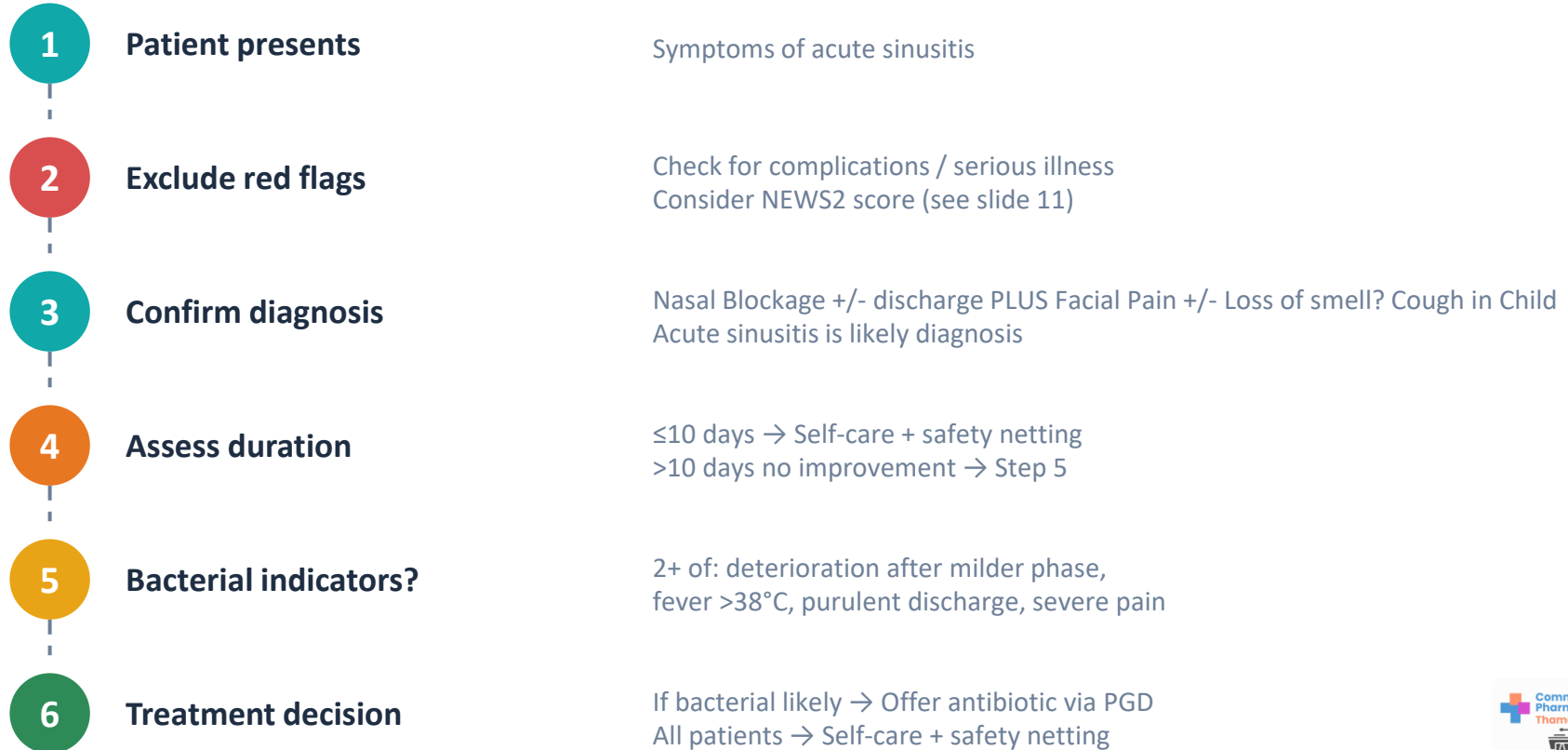
- Facial pain / pressure (or headache)
- Reduction or loss of sense of smell (adults)
- Cough during day or night (children)



Key Decision: Symptom Duration

≤10 days → Self-care and reassurance | >10 days with no improvement → Consider bacterial cause and PGD treatment

The Clinical Pathway at a Glance



When to Suspect Bacterial Sinusitis

Symptoms for more than 10 days with no improvement, PLUS 2 or more of:



Marked deterioration

After an initial milder phase of illness



Fever (>38°C)

Elevated temperature suggesting bacterial involvement



Unremitting purulent nasal discharge

Persistent discoloured discharge without improvement



Severe localised unilateral pain

Particularly pain over the teeth (toothache) and jaw

Red Flags: Urgent Referral Required

If any of the following are present — call 999 or refer urgently to A&E:



Intraorbital or periorbital complications (orbital cellulitis, displaced eyeball, reduced vision, double vision)



Bony complications — tender swelling over the frontal bone



Symptoms or signs of meningitis



Severe frontal headache or focal neurological signs



Signs of severe systemic infection or sepsis



Consider calculating a NEWS2 score (see slide 11) before signposting to A&E or calling 999 in a life-threatening emergency

NEWS2 for Community Pharmacists

National Early Warning Score 2 — identifying patients at risk of clinical deterioration

6 Physiological Parameters (each scored 0–3)

- **Respiratory rate** (breaths/min)
- **Oxygen saturation** SpO2 % (Scale 1 or Scale 2 for COPD)
- **Systolic blood pressure** (mmHg)
- **Pulse rate** (beats/min)
- **Level of consciousness** ACVPU (new confusion scores 3)
- **Temperature** (°C)

+ 2 points if on supplemental oxygen

Score 0–4 • LOW RISK

Continue assessment — routine monitoring

Score 5–6 • MEDIUM RISK

Urgent clinical review — consider referral to GP or 111

Score 7+ • HIGH RISK

Emergency — call 999, do not delay

Score 3 in any single parameter

Triggers urgent review regardless of total score

Practical Tips for Pharmacy

- You may not have all equipment (e.g. BP cuff, pulse oximeter) — use what you have and note clinical observations
- NEWS2 aids clinical judgement — it does not replace it. If a patient looks unwell, escalate regardless of score
- Free NEWS2 calculators are available via apps and the RCP website — keep one accessible during consultations



Knowledge Check

A 45-year-old presents with nasal congestion, facial pain, and swelling around the right eye with reduced vision.
What is the most appropriate action?

A. Offer antibiotics under the PGD

B. Advise self-care for 10 days

C. Urgent referral — call 999 / A&E

D. Refer to GP within 48 hours

Answer: C — Periorbital swelling with reduced vision is a red flag requiring urgent emergency care

Treatment Options Under the PGD

Intranasal Corticosteroid

- Fluticasone furoate 27.5 mcg/dose nasal spray
OR Mometasone furoate 50 mcg/dose nasal spray
- For symptoms >10 days with no improvement
- 14-day course (as per NICE NG79)
- Off-label use for adults and children 12+
- Check exclusions: current corticosteroid use

Antibiotics (if bacterial likely)

- Symptoms >10 days + 2 or more bacterial indicators
- First line: Phenoxymethylpenicillin 500mg QDS × 5 days
- Penicillin allergy: Clarithromycin or Doxycycline × 5 days
- Pregnant + allergy: Erythromycin × 5 days
- Always supply alongside self-care advice and TARGET Leaflet



For all patients: share self-care and safety-netting advice using TARGET RTI leaflets



Knowledge Check

A 35-year-old patient has had sinusitis symptoms for 12 days with no improvement. They use a beclometasone inhaler daily for asthma. Under the PGD, what should you do?

A. Supply fluticasone nasal spray as normal — inhaled steroids are not an exclusion

B. Supply an antibiotic only — they are excluded from the corticosteroid PGD

C. Refer to GP — they are excluded from the entire Pharmacy First pathway

D. Supply both a nasal spray and an antibiotic for maximum coverage

Answer: B — Current use of any corticosteroid (including inhaled) excludes from the nasal spray PGD, but not from antibiotics

Antibiotic Choices at a Glance

Scenario	Antibiotic	Dose	Duration
First choice (no allergy)	Phenoxymethylpenicillin	500 mg QDS	5 days
Penicillin allergy (option 1)	Clarithromycin	500 mg BD	5 days
Penicillin allergy (option 2)	Doxycycline	200 mg day 1, then 100 mg OD	5 days
Pregnant + penicillin allergy	Erythromycin	250-500 mg QDS or 500-1000 mg BD	5 days

Key PGD Cautions

- Clarithromycin: check drug interactions (CYP 3A4 inhibitor) — contraindicated with lercanidipine, quetiapine, and others
- Doxycycline: contraindicated in pregnancy and known/suspected liver disease
- Always check the full PGD inclusion/exclusion criteria before supply



Knowledge Check

A 32-year-old with penicillin allergy has had worsening sinusitis for 14 days with fever and purulent discharge.
What would you offer under the PGD?

A. Amoxicillin 500mg TDS × 7 days

B. Clarithromycin 500mg BD × 5 days

C. Self-care only — antibiotics not needed

D. Co-amoxiclav 625mg TDS × 5 days

Answer: B — Penicillin allergy + bacterial indicators (>10 days, fever, purulent discharge) = clarithromycin under PGD

Self-Care & Safety-Netting Advice

Self-Care

- Paracetamol or ibuprofen for pain and fever
- Adequate hydration and rest
- Nasal saline irrigation may help (limited evidence)
- Warm face packs for comfort (limited evidence)
- Avoid antihistamines and oral decongestants (no evidence of benefit)
- Explain sinusitis usually lasts 2-3 weeks



Safety-Netting Advice

- Return if symptoms worsen rapidly or significantly at any time
- Return if symptoms do not improve after 7 days
- Seek urgent help if: visual changes, eye swelling, severe headache, neck stiffness
- If antibiotics given: return if no improvement after antibiotic course
- Share TARGET RTI leaflets for patient information (see next slide)

 NICE CKS: "Little evidence that nasal saline or nasal decongestants help, but people may want to try them."

TARGET RTI Leaflet

Treat Antibiotics Responsibly, Guidance, Education, Tools — patient information for Pharmacy First consultations

What the Leaflet Contains

Expected recovery times (without antibiotics):

- Middle-ear infection — **8 days**
- Sore throat — **7–8 days**
- Sinusitis — **14–21 days**
- Common cold — **14 days**
- Cough or bronchitis — **3–4 weeks**

Self-care messages:

- Rest, adequate fluids, paracetamol for discomfort
- Why antibiotics are not always needed
- When to seek medical help (safety-netting red flags)

Using It in Pharmacy First Consultations

- **Use interactively** — talk through the leaflet with the patient, do not just hand it over
- **Personalise it** — write the patient's name, circle their specific infection, and note the expected recovery time
- **Manage expectations** — explain the natural course of infection and why antibiotics may not help
- **Safety-net clearly** — highlight the "when to get help" section and ensure the patient understands the red flags
- **Supports AMS** — reinforces antimicrobial stewardship and the "Keep Antibiotics Working" message

Key Red Flags on the Leaflet

Cold/strange skin colour | Confusion | Difficulty breathing | Severe headache | Chest pain | Difficulty swallowing | Coughing up blood | Little urine
| Feeling much worse | Not improving by expected time



Knowledge Check

A patient presents with acute sinusitis. You decide no antibiotic is needed.
What is the BEST way to use the TARGET RTI leaflet?

A. Hand it to the patient as they leave the consultation

B. Discuss it interactively, personalising it with their name and infection

C. Read the entire leaflet aloud to the patient word for word

D. Only use it if the patient specifically asks for written information

Answer: B — Discuss the leaflet interactively, personalising it with the patient's name and their specific infection

Documentation & GP Notification



Record the consultation

Document all findings, clinical decision, and outcome on your consultation platform (e.g. PharmOutcomes)



Update Record

Send the consultation record to the patient's GP practice to update their medical record



Obtain informed consent

Patient must consent to information sharing with their GP, NHS England for monitoring, and NHSBSA for contract management



Log the service entry method

Record whether the patient was signposted, self-referred, or referred via another route (e.g. GP referral)

Pharmacy First service specification requires GP notification for all clinical consultations

Putting It All Together

Pharmacy First acute sinusitis consultation — step by step

1 Check Eligibility

Age 12+, registered GP, consent, not excluded

2 Exclude Red Flags

Orbital signs, meningism, sepsis, NEWS2

3 Diagnose

Nasal + facial symptoms, duration >10 days?

4 Decide Treatment

Self-care only, corticosteroid, or antibiotic?

5 Check PGD Criteria

Exclusions, interactions, contraindications

6 Supply & Counsel

Dose, duration, side effects, storage

7 Self-Care Advice

Rest, fluids, analgesia, saline irrigation

8 Safety-Net

TARGET leaflet, when to return, red flags

9 Document & Notify GP

Full record, GP Connect, consent logged

Remember for Every Patient

- 98% of sinusitis is viral — most patients need self-care, not antibiotics
- Check ALL corticosteroid use before supplying fluticasone or mometasone — inhaled steroids count as an exclusion
- Share the TARGET RTI leaflet interactively — personalise it, discuss it, safety-net clearly
- If in doubt, escalate — clinical judgement always overrides a protocol score

Key Takeaways

- 1 Safety first — always exclude red flags and consider serious pathology before proceeding with the pathway
- 2 Most sinusitis is viral — antibiotics are only indicated when symptoms persist >10 days AND bacterial indicators are present
- 3 Know your PGDs — check inclusion/exclusion criteria, drug interactions, and contraindications for every supply
- 4 Self-care for all — every patient receives self-care and safety-netting advice, whether or not they receive treatment
- 5 Document and notify — record every consultation and update the patient's GP
- 6 Antimicrobial stewardship — resist pressure to prescribe antibiotics for viral sinusitis; share NICE patient information

Resources & Competence Reminder

1. NICE NG79 — Sinusitis (acute): antimicrobial prescribing (2017, updated 2025) — www.nice.org.uk/guidance/ng79
2. NHS England — Pharmacy First Clinical Pathway: Acute Sinusitis (v1.6) — www.england.nhs.uk
3. NHS Pharmacy First PGDs — Fluticasone (6a), Mometasone (6b), Phenoxymethylpenicillin (6c), Clarithromycin (6d), Doxycycline (6e) — v1.1, Oct 2025
4. NICE CKS — Sinusitis — cks.nice.org.uk/topics/sinusitis/
5. TARGET Antibiotics Toolkit — Respiratory Tract Infection Leaflets — targetantibiotics.org.uk
6. Community Pharmacy England — Pharmacy First Service — cpe.org.uk

! Competence Requirement

To deliver the Pharmacy First service, pharmacists must have **evidence of competence** in the clinical skills and knowledge covered in the **Centre for Pharmacy Postgraduate Education (CPPE)** Pharmacy First Service self-assessment framework. This is a **mandatory requirement** before providing clinical consultations and supplying medicines under PGDs.

Thank You

Questions?

Acute Sinusitis Management — Pharmacy First PGD Training



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Thames Valley



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ACADEMY