

Acute Bacterial Sinusitis Key Driver Diagram

Primary Aim

100% of patients between 1 and 18 years old presenting with nasal symptoms, cough, or both will receive appropriate diagnosis and treatment: 1) severity will be assessed, 2) imaging will not be performed if no suspicion for orbital/CNS complications, 3) Shared decision making will be used for Persistent Symptoms patients, 4) Amox or Amox/Clav will be first line for non-PCN allergic patients

Key Drivers

Providers understand how to classify nasal symptom severity: Persistent, Worsening Course, or Severe

CXR, Sinus Xray, CTs and MRI are not performed unless suspicion for orbital/CNS involvement

Shared Decision making is used to decide on antibiotic treatment versus 3 days of outpatient observation for patients with Persistent Symptoms

Patients with Worsening Course or Severe Symptoms will receive antibiotics

Providers will manage patients (without PCN allergy) who decide on treatment with Amoxicillin or Amoxicillin-clavulanate as first line antibiotic for Worsening Course, Severe or Persistent symptoms

Secondary Drivers

Educational Materials, powerpoint slide decks and webinars on sinusitis classification, appropriate work-up, and treatment strategies

Parental and patient education on risks and benefits of antibiotics

Shared decision making toolkit to aid in Persistent Symptom treatment choices

EPIC dot phrases to help with classification of symptoms

Hard stops on imaging for sinusitis without clear CNS or orbital involvement

Sinusitis order sets in the clinic

Family engagement in safety teams

