Pharmacy First: Acute Sinusitis

NICE NG79 | NHS England Pharmacy First Sinusitis PGDs 6a-6f v1.1 (valid from 01/10/2025)

REFER NOW: Red Flags

- ☐ Orbital signs: eye swelling, displaced eyeball, pain on eye movement, double vision, visual changes: A&E urgently
- ☐ Intracranial signs: forehead swelling, severe frontal headache, neck stiffness, focal neurology, confusion: A&E
- ☐ Sepsis (high fever, tachycardia, confusion, mottled skin): call 999
- ☐ Suspected cancer: unilateral polyp, mass or bloody nasal discharge: GP urgently

Do not supply under any PGD if red flags are present.

CHECK: Eligibility

- ☐ Aged 12 and over (under 12: outside Pharmacy First)
- ☐ Not recurrent (4+ episodes/year) or chronic (12+ weeks) sinusitis
- ☐ No nasal polyps, trauma, epistaxis, or foreign body
- ☐ Not severely immunocompromised; check pregnancy and breastfeeding before selecting PGD

Step 1: Confirm Acute Sinusitis (one from Group A AND one from Group B required)

Group A: nasal symptom	Group B: supporting feature	Note
Nasal blockage or congestion	Facial pain or pressure (cheeks, forehead, around eyes)	Both groups must be present.
Nasal discharge (anterior or posterior)	Reduced smell (adults) OR cough day/night (age 12-17)	Neither group alone is enough.

Step 2: Bacterial Features. PGD 6c v1.1 supply criteria: symptoms more than 10 days with no improvement, OR 2 or more features below

Feature	What to ask	Present?
Double-sickening	Initial improvement then clear worsening?	Y / N
Fever above 38 degrees	Temperature raised in last 24 hours?	Y / N
Purulent discharge	Persistent thick or discoloured discharge?	Y / N
Unilateral facial or tooth pain	Severe one-sided facial, jaw, or tooth pain?	Y / N

SUPPLY: Antibiotic Choices (PGDs 6c/6d/6e)

- ☐ First line: Phenoxymethylpenicillin 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 for 4 days (not pregnancy/breastfeeding)
- ☐ Pregnant 16 and over: erythromycin under PGD 6f (check current PGD for dose)

Interactions: methotrexate, probenecid (pen V); simvastatin, warfarin, DOACs, digoxin (clarithromycin); retinoids, ciclosporin (doxycycline).

SUPPLY: Nasal Corticosteroid Pathway (PGDs 6a/6b)

- ☐ Available if symptoms more than 10 days with no improvement and antibiotic criteria not met
- ☐ PGD 6a: Fluticasone furoate (Avamys). PGD 6b: Mometasone furoate. Check PGD for dose.
- ☐ Exclude if: corticosteroids (any route), adrenal insufficiency, glaucoma or raised IOP, history of ocular herpes, or (PGD 6a) potent CYP3A4 inhibitors

Confirm all PGD inclusion and exclusion criteria before every supply.

Key reminders: Coloured nasal discharge alone is not bacterial (PGD 6c v1.1). No steam inhalation (no evidence of benefit; scalding risk). Safety net: seek urgent help if eye swelling, visual changes, or neck stiffness develop. Document on PharmOutcomes and submit claim promptly. References: 1. NICE NG79 (updated 2023). 2. NHS England PGDs 6a-6f v1.1 (01/10/2025, england.nhs.uk).