

Adult Rhinosinusitis

Inflammation nasal + paranasal sinus mucosa.

Characterised by 2 or more sx, one of which should be either **Nasal blockage/obstruction/congestion** and/or **nasal discharge** (anterior/posterior nasal drip)

Secondary symptoms are facial pain, pressure and/or smell disturbance

Refer Urgent ENT

- Orbital involvement:
 - Peri-orbital oedema/erythema
 - Displaced globe
 - Double or reduced vision
 - Ophthalmoplegia
- Intracranial involvement:
 - Severe frontal headache or swelling
 - Signs of meningitis
 - Neurological signs
- Unilateral rhinorrhoea
- Consider with bleeding or crusting
- Consider CSF leak if persistent uni / bilateral water drip from tip of nose like a tap

History- assess for asthma and manage accordingly

(treating rhinitis also benefits asthma)

- Duration, frequency, severity of symptoms
- Sx suggestive of infective cause e.g. temp, mucoid, unilateral discharge, lymphadenopathy, unilateral facial pain
- Sx suggestive of allergen including allergic conjunctivitis, irritant or other cause
- Sx suggestive of chronic congestion eg mouth breathing, cough, halitosis
- FH of atopy
- Impact on quality of life eg sleep/school /work/ recreation
- Previous treatments tried and their effectiveness
- Personal preference for oral /intranasal rx

Examination – temp/HR Anterior rhinoscopy – using otoscope

- presence of purulent nasal secretions
 - nasal polyps
 - mucosal swelling
 - deviated/perforated/depressed or widened nasal septum
- Horizontal crease across dorsum nose – indicates severe rhinitis

Smoking Cessation advice

References:

- <http://cks.nice.org.uk/allergic-rhinitis>
- <http://cks.nice.org.uk/sinusitis>
- <http://EPOS pocket guide 2012>
- <http://Rhinosinusitis nasal polypsis>
- <http://Allergic/non-allergic rhinitis>

Patient info

[How to use nasal drops/spray correctly](#)

[Nasal Saline douching](#)

For queries contact:

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[Medicines Management Team](#)

Pathway created 2016
Reviewed by MMT/clinical cabinet
12/2019
Review due 12/2022

Camden Preferred Prescribing Choices (intranasal preparations):

Preparations highlighted in orange = Available OTC

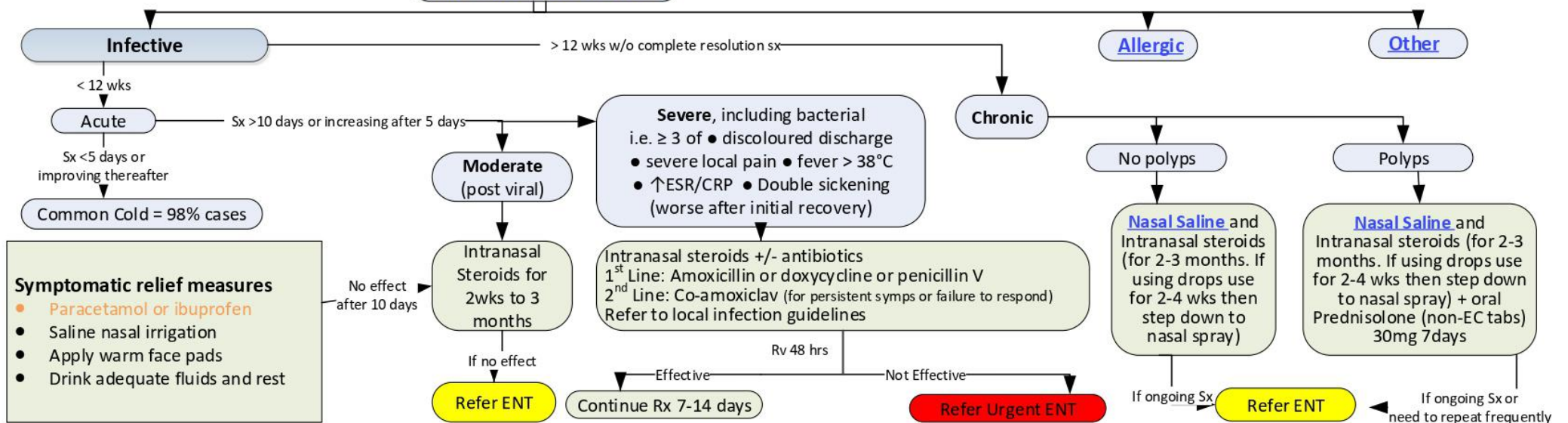
Intranasal corticosteroids:

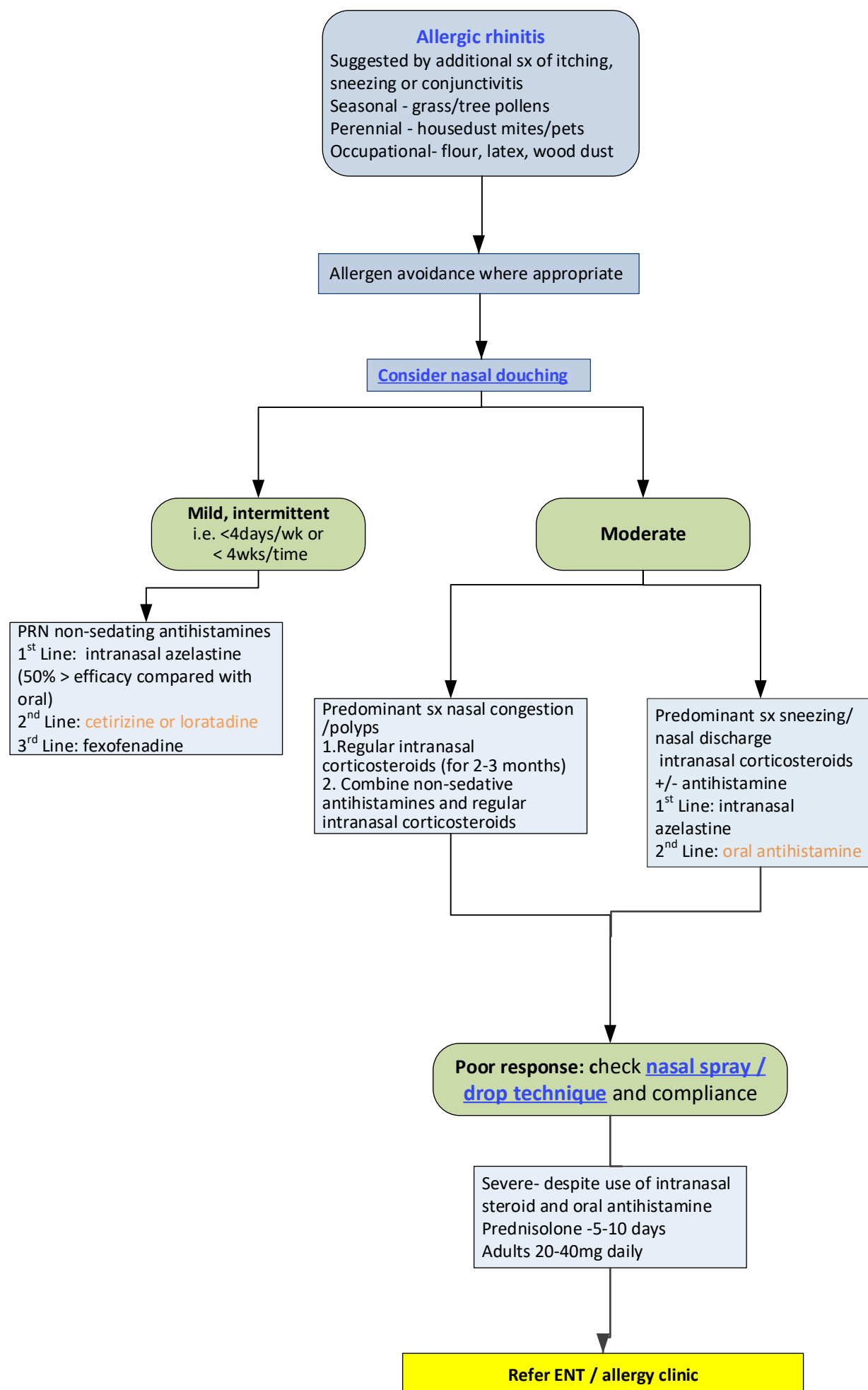
1st Line: **Beclometasone dipropionate 50mcg nasal spray** (2 sprays each nostril, BD)
2nd Line: Mometasone furoate 50mcg nasal spray (2 sprays each nostril, OD)
3rd line: Nasofan® (**fluticasone dipropionate** – 2 sprays each nostril OD) or Avamys® (fluticasone furoate – 2 sprays each nostril OD) or betamethasone sodium phosphate 0.1% drops (2-3 drops each nostril BD for 2-4 weeks)

Intranasal antihistamine: Azelastine 0.1% nasal spray (1 spray each nostril BD)

Intranasal fluticasone/azelastine combination spray (Dymista): 4th line choice for allergic seasonal rhinitis where corticosteroid monotherapy alone has not been effective and antihistamine is required (1 spray each nostril BD)

Patient counselling: Emphasise to patient likely time to effect and duration of treatment for all medications





Allergens and Avoidance

For more information: <http://www.allergyuk.org/avoiding-respiratory-allergens>

Tree pollens- sx early to late Spring

Grass Pollens-sx late Spring to early Summer

Weed pollens – sx early spring to early autumn

For people with grass pollen allergy, advise:

- Against walking in grassy, open spaces, particularly during the early morning, evening, and night, when pollen counts are at their highest.
- Keeping windows shut in cars and buildings.
- Changing car pollen filters with each service, if these are fitted.

House dust mites- feed on shed human skin flakes. Abundant in mattresses, pillows, carpets, upholstered furniture and furry toys. Numbers peak in Spring and Autumn. Avoidance measures not usually recommended as inconvenient, expensive and lack of good quality evidence for effectiveness. Skin prick test to confirm responsible allergen indicated when such burdensome allergen avoidance strategies being considered.

For people with confirmed house dust mite allergy inadequately controlled by drug treatment, advise:

- Fitting mattresses and pillows with house dust mite impermeable covers.
- Using synthetic pillows and acrylic duvets, and keeping furry toys off the bed.
- Washing all bedding and furry toys at least once a week at high temperatures.
- Choosing wooden or hard floor surfaces instead of carpets, if possible.
- Fitting blinds that can be wiped clean instead of curtains. Surfaces should be wiped regularly with a clean, damp cloth.

Skin prick tests (SPT) – results can be suppressed by antihistamines, tricyclic antidepressants and topical corticosteroids. Interpretation difficult if have eczema. Less reliable with food allergens than inhaled allergens.

NB: Samter's Triad = sensitivity to aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), nasal polyps + asthma - REFER

Nasal spray technique [Scadding et al, 2008]:

- Gently blow the nose to try and clear it.
- Shake the bottle well.
- Close off one nostril and put the nozzle in the other, directing it away from the midline. Tilt head forward slightly and keep the bottle upright.
- Squeeze a fine mist into the nose while breathing in slowly. Do not sniff hard.
- Breathe out through the mouth.
- Take a second spray in the same nostril then repeat this procedure for the other nostril.

- (a)
1. Shake bottle well
 2. Look down
 3. Using RIGHT hand for LEFT nostril put nozzle just inside nose aiming towards outside wall
 4. Squirt once or twice (2 different directions ↗ ↘)
 5. Change hands and repeat for other side
 6. DO NOT SNIFF HARD

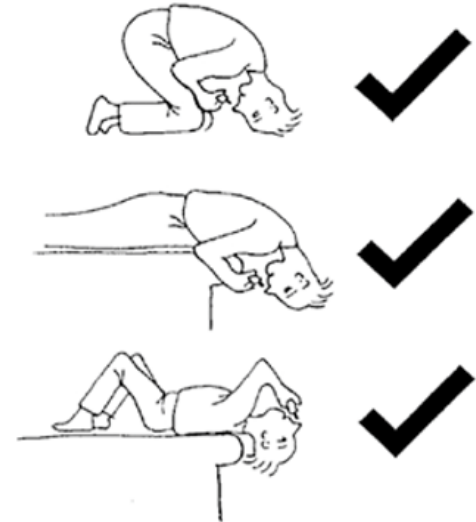


Nasal drop technique [ABPI Medicines Compendium, 2012a]:

- Gently blow the nose to try and clear it.
- Shake the container well.
- Tilt the head backwards.
- Place the drops in the nostril (squeeze the container gently if necessary).
- Keep the head tilted and sniff gently to let the drops penetrate.
- Repeat for the other nostril, if required.



Wrong

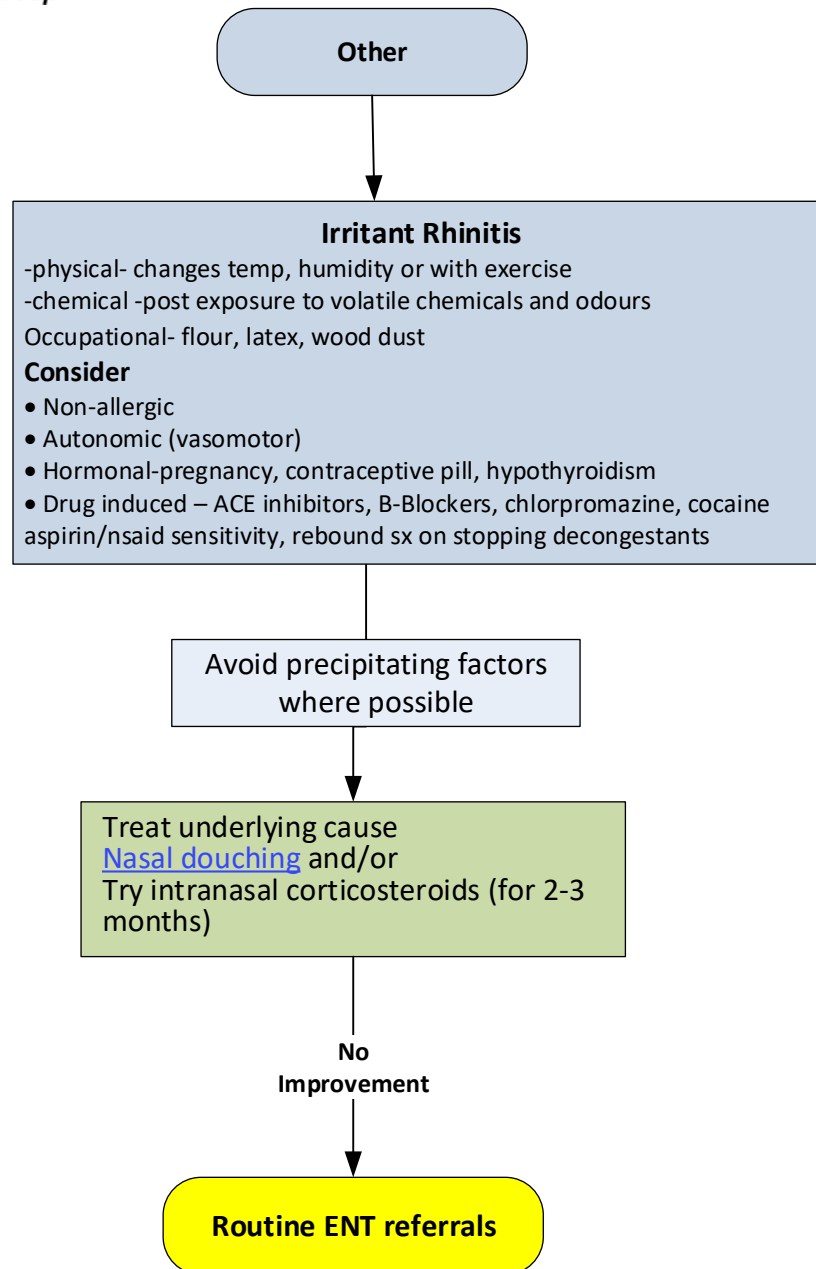


Choose any position you feel comfortable with

Reference: Adapted from

<http://cks.nice.org.uk/allergic-rhinitis#references/-291616>

(Scadding, G.K., Durham, S.R., Mirakian, R. et al. (2008) BSACI guidelines for the management of allergic and non-allergic rhinitis. Clinical and Experimental Allergy 38(1), 19-42))



Nasal Saline Irrigation also known as Nasal Douching

Rinsing the nose with salty water is important as it keeps the nose clean, washes out mucus, helps reduce inflammation and infection and therefore can help relieve nasal symptoms. It is a safe, natural way to help wash crusts and mucus from your nose. The salty water helps to pull fluid out of any swollen lining of your nose helping you to breathe. This also helps to open up the sinuses.

The following is a solution for you to make at home.

Ingredients

- ½ teaspoon salt
- ½ teaspoon bicarbonate of soda
- ½ pint of warm clean water

Method

- Mix the ingredients together
- Stand over a sink or in the shower/bath
- Pour some of the solution into the palm of your hand and sniff it up into each nostril over a sink or administer using a syringe or other device such as a Neti pot (which look like a very small watering can and can be bought on the internet or from yoga shops!!)
- The mixture should come into your mouth - spit this out
- If you swallow the mixture it will do you no harm
- Blow your nose gently
- Rinse your nose in this way two or three times a day
- After douching rinse the syringe/ bottle in warm, soapy water

Please note

This may all feel a bit odd initially and occasionally the mixture may cause some slight burning, but this should stop in a day or 2, so do try to stick with it.

Commercial preparations can be purchased from a pharmacist or reputable online supplier.

Reference: Adapted from:

South Devon Healthcare NHS Foundation Trust. Patient Information. Nasal Douching and how to take your nasal medication