

**Primary Care Management of Acute Rhinosinusitis**

(adapted from EPOS Pocket guide 2012 - <http://ep3os.org/pdf/EPOSpocketguide2012.pdf> )

**Diagnosis**

Symptom-based, no need for imaging (plain x-ray not recommended)

Symptoms for less than 12 weeks:

sudden onset of two or more symptoms, one of which should be either nasal blockage/obstruction/

congestion or nasal discharge (anterior/posterior nasal drip):

+/- facial pain/pressure

+/- reduction/loss of smell

with sympton free intervals if the problem is recurrent

Check for allergic symptoms, ie, sneezing, watery rhinorrhoea, nasal itching and itchy watery eyes

Examination: anterior rhinoscopy: swelling, redness, pus

X-ray/CT-scan not recommended unless additional problems such as:

• very severe diseases,

• Immunocompromised patients;

• signs of complications



Recommended treatments in line with CCG Formulary:

**Nasal Steroids:** - 1st line – Beconase / flixonase/ mometasone nasal spray

 (Ensure correct usage – [http://www.patient.co.uk/health/Nose-Sprays-(Steroid).htm](http://www.patient.co.uk/health/Nose-Sprays-%28Steroid%29.htm) )

2nd line – flixonase nasules for max. of 6/52

**Antiobiotics:** - NB: Antibiotics only required in minority (approx. 20%) of cases

1st line – amoxicillin 500mg tds/ doxycycline 200mg stat then 100mg od/ Pen V 500mg qds – recommended for 10-14 days.