

Acute sinusitis

Continuous symptoms < 4 weeks.

Sudden onset of 2 or more symptoms one of which should be either nasal blockage or nasal discharge
+/- facial pain/pressure (n.b facial pain in the absence of nasal symptoms is unlikely to be due to sinusitis)
+/- reduction or loss of smell
+/- cough

NB Sinusitis is less common in children. DD [Allergic rhinitis](#) and Dental abscess with sinus involvement

Signs and symptoms

Acute viral - ≤ 10 days

with

- Purulent nasal – discharge
- Severe localized facial pain (particularly over teeth and jaw)
- Fever/systemic symptoms
- Deterioration after a milder phase

Acute bacterial > 10 days

For **recurrent or chronic symptoms** look for **predisposing factors**

- Suspected structural or inflammatory disorder e.g. deviated nasal septum / Nasal bones
- Previous Nasal Trauma
- Congenital Abnormality
- Nasal Polyps
- Severe uncontrolled nasal allergy
- Co-existing poorly controlled asthma

Does the patient have any red flags?

Yes

No

Is the patient systemically well?

No

Yes

Acute Viral/systemically well

Symptomatic treatment only (<5 days)

1. OTC Nasal decongestant
[XylometazolineHCL](#) Use for 1 week only
2. Intranasal steroid ([PILS](#))
[Mometasone](#) Daily to each nostril for 6 weeks
3. Analgesia
Paracetamol / ibuprofen/+/- codeine
4. Nasal douche
6 weeks e.g. OTC Sterimar or Sinonasal rinse

NB Patients should be advised that symptoms can persist for 2 - 3 weeks

Acute Bacterial

Add in antibiotics as per [NICE](#)

Systemically unwell

Add in antibiotics as per [NICE guidelines](#)

Non resolutions in 14 days consider change in antibiotic and cover beta lactamase producing and anaerobic organisms

- Persistent bloody discharge
- Progressive unilateral symptoms

2ww

- Orbital involvement (displaced globe, orbital oedema, diplopia, ophthalmoplegia)
 - Intracranial involvement (reduced GCS, severe headache, meningism, neurological signs)
 - Suspected CSF leak e.g. unilateral rhinorrhoea, preceding head injury
 - With associated foreign body insertion e.g. Button Battery
 - Severe Pain
 - Patient is immunocompromised
- invasive fungal sinusitis is rare but life threatening

Emergency referral
Call ENT team via GP line

Recurrent acute sinusitis
4 or more times p.a.
+/- predisposing factors likely

Routine referral via eRS

Secondary care referral