

STANDARD TREATMENT WORKFLOW (STW)

Acute Rhinosinusitis

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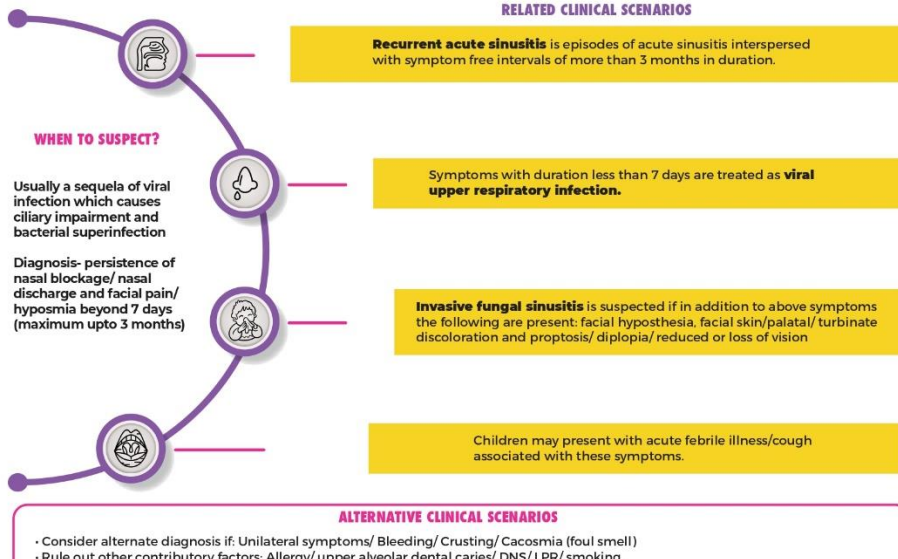
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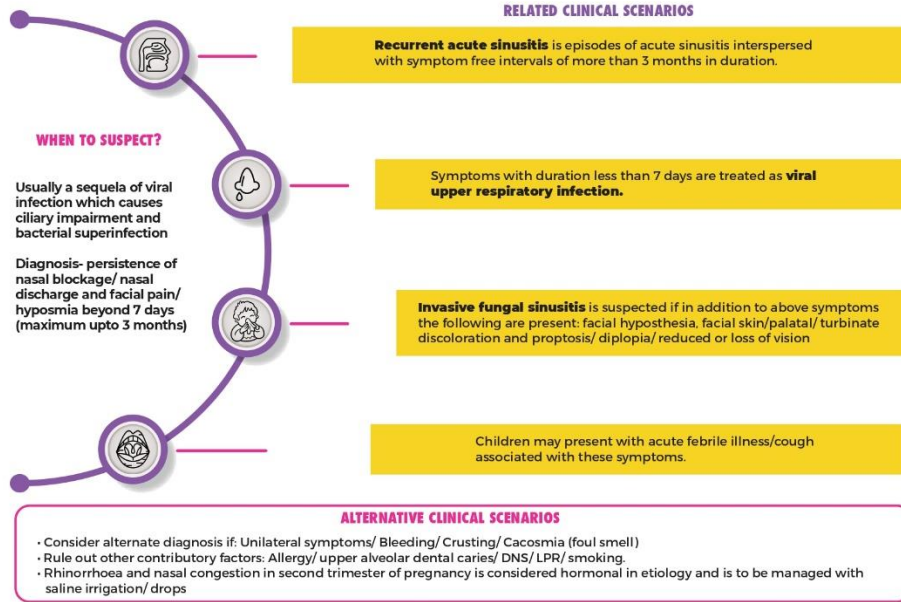
Standard Treatment Workflow (STW) for the Management of ACUTE RHINOSINUSITIS

ICD 10 J01.90

RELATED CLINICAL SCENARIOS



Standard Treatment Workflow (STW) for the Management of ACUTE RHINOSINUSITIS
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RED FLAGS FOR REFERRAL TO DISTRICT HOSPITAL

- Known diabetic/ immunocompromised
- Suspicion of complications viz. (A) Orbital involvement (Periorbital edema/ erythema, displaced globe, ophthalmoplegia/ visual disturbance), (B) Meningitis/ altered sensorium, (C) Frontal fullness.
- Non-resolution with oral antibiotics for ten days
- Pointers of invasive fungal sinusitis (Facial hypoesthesia, facial skin/palatal/turbinate discoloration)

CLINICAL EXAMINATION	LABORATORY INVESTIGATIONS
<p>PRELIMINARY</p> <ul style="list-style-type: none"> Anterior rhinoscopy: Discharge, bleeding, crusting, polyposis Oral examination: Dental caries, post nasal drip, palatal discoloration Assess for contributory factors listed above 	<p>Desirable in non-resolving/worsening cases despite antibiotic therapy</p> <ul style="list-style-type: none"> Endoscopy- for guided nasal swabs/ KOH smear CT PNS (for suspected complications / non-resolving cases on antibiotics for 14 days) Screen for Diabetes / Immunodeficiency
<p>DESIRABLE</p> <ul style="list-style-type: none"> Nasal endoscopy 	

MANAGEMENT

PHC / PRIMARY LEVEL

Duration of treatment 7-14 days

- Oral antibiotics- Amoxicillin/ Co-amoxycylav for 7-10 days. Levofloxacin and Azithromycin can be opted for patients intolerant/ sensitive to penicillins.
- Topical budesonide/ mometasone nasal spray once/twice a day for 2 weeks provides earlier symptomatic relief.
- Normal saline nasal washes help in clearing secretions and improved effect of topical medications
- Topical/ oral decongestant (Oxymetazline/ pseudoephedrine) for 3-5 days relieves symptoms.
- Adequate hydration and steam inhalation.
- Antihistaminics (patients with co-existing allergy).

INDICATIONS OF PARENTERAL ANTIBIOTIC THERAPY

- Orbital/ intracranial complications
- Non-resolution of symptoms with atleast 7 days of oral antibiotics
- Worsening of symptoms while on oral antibiotics

DISTRICT HOSPITAL

- Surgical interventions to manage: Underlying anatomical conditions causing recurrent acute sinusitis like- DNS/ adenoid hypertrophy/ anatomical variations seen on CT
- Ophthalmology referral for suspected intraorbital complications
- Dental deferral for suspected dental origin infection.
- Invasive fungal sinusitis- start antifungal medications, control underlying immunocompromising co-morbidity and consider debridement.

TERTIARY LEVEL

Cases of acute invasive fungal sinusitis/ complicated acute bacterial sinusitis and patients with immunocompromised status may be referred for management.

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

ABBREVIATIONS

CT: Computerized Tomogram
PHC: Primary Health Center

DNS: Deviated Nasal Septum
LPR: Laryngo Pharyngeal Reflux

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