STANDARD TREATMENT WORKFLOW (STW)

Chronic Rhinosinusitis

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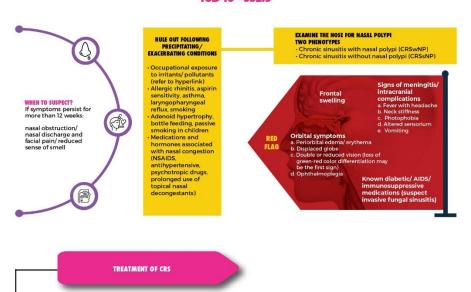
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Standard Treatment Workflow (STW) for the Management of CHRONIC RHINOSINUSITIS ICD 10 - J32.9

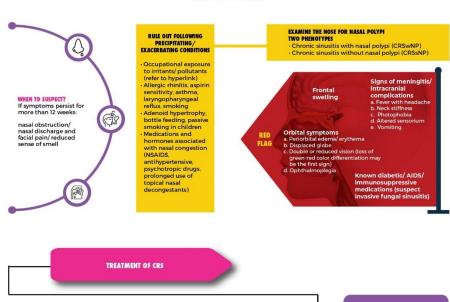






Standard Treatment Workflow (STW) for the Management of CHRONIC RHINOSINUSITIS

ICD 10 - J32.9



Mild/ moderate symptoms (no significant congestion/ discharge/

- objpi/complications)

 1. Address etiology and exacerbating factors.

 2. For allergic rhinitis, antihistamines and nasal steroid spray to be

 - 2. For allergic minitis, antihistamines and nasal steroid spray to be given.
 3. Saline nasal wash
 4. Steam inhalation
 5. Stretching exercises and yoga are very effective for nasal congestion
 6. Topical (oxymetazoline) /sylometazoline) and oral decongestants are associated with cardiovascular risks and rebound phenomenon.
 Hence, careful patient selection and short course treatment to be
- followed.

 7. Intra nasal steroid sprays for 6-8 weeks (Fluticasone proprionate/
 Fluticasone furoate/ Mometasone) after discussing risk benefit cost issues with patient regarding steroid sprays

 If no symptomatic roli

- r dental (particularly 1st molar) infection may cause maxillary tis which is to be treated with metronidazole.
- In the presence of nasal polypi, initial nasal steroid spray and subsequent endoscopic surgery is to be planned.

 1. Short course of oral steroid (Prednisolone 0.5 mg/kg for 5 10 days) provides temporary relief in nasal obstruction in extensive polypi.

 2. Steroid therapy is not a replacement for surgery.

IN ALL PATIENTS,
ESPECIALLY IN THE
PRESENCE OF NASAL
POLYPI, RULE OUT
ALLERGY/ALLERGIC
RHINITIS
1. Consider allergen
avoidance
2. Skin prick test
3. Co-existing bronchial
asthma needs to be
treated
4. Consider AlT if indicated.

Identification of Identification of precipitating or exacerbating factors is the key to successful treatment outcome.

Always rule out Always rule out DNS/ nasal polypi in CRS, as surgical treatment may be necessary for complete resolution of symptoms.

Ensure adherence to nasal saline washes / regular physical activity / medications.

Educate patients on correct technique of using steroid nasal sprays and nasal irrigation.

DNS: Deviated Nasal Septum

Prolonged use of topical nasal decongestant beyond 5-7 days may cause rebound congestion and rhinitis medicamentosa and to be strongly discouraged.

ABBREVIATIONS

CT: Computerized Tomogram

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or individuct consequences. Kindly visit our web portal generations of the proper information.

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