

## Reason for Referral

## Exam

## Try

## Refer

## Allergic Rhinitis

Symptoms of nasal obstruction, sneezing, watery eyes, itch.  
Anterior rhinoscopy (using auroscope sufficient)

Steroid Nasal Spray for 3 months  
If likely allergy – try **Dymista** as 2<sup>nd</sup> line of treatment +/- Fexofenadine  
Stress importance of medication compliance and nasal spray technique

Persistent symptoms despite steroid and/or Dymista after 3 months. Severe nasal obstruction or pain

## Recurrent Epistaxis

Anterior rhinoscopy (using auroscope sufficient) – any lesion or bleeding point

Stop nasal sprays. Use **Naseptin Cream** for 2-3 weeks (prior to referral) – Vaseline for ongoing dryness or crusting

Refer to ENTRAC or ED if: Heavy or persistent bleed in adults  
Refer to ENT if: Not resolving after 3 weeks

## Snoring

(Surgery is ineffective for sleep apnoea and snoring)

If your patient has witnessed apnoeic episodes or suffers from day time somnolence refer to your local **Respiratory Service** – NOT ENT

Refer to ENT: Nasal Blockage or tonsillar enlargement and BMI under 35

## Acute Rhinosinusitis –

Nasal obstruction and/or discoloured discharge PLUS facial pain and/or reduced smell  
Less than 10 days

Check for possible bacterial sinusitis  
3 or more of:  
• Fever • Unilateral disease • Severe pain  
• Double sickening • Raised ESR/CRP  
Any alarming symptoms? (see Purple box)

[See EPOS Guidelines](#)  
Self care - Saline nasal douches, decongestants, NSAIDs/paracetamol  
Steroid spray (eg **Avamys**) or drops (**Flixonase nasules**)  
Antibiotics for likely acute bacterial infection

**ALARMING SYMPTOMS**

- Periorbital oedema/erythema
- Severe headache
- Displaced globe
- Decreased vision
- Sepsis
- Neurological signs
- Frontal swelling
- Double vision
- Ophthalmoplegia
- Meningism

## IMMEDIATE REFERRAL

## Chronic Rhinosinusitis

3-month history of nasal blockage or discoloured discharge PLUS facial pain and/or reduced smell  
[Link to EPOS Guidelines](#)

Anterior rhinoscopy checking for polyps and or mucopus  
Also check for alarming symptoms

[See EPOS Guidelines](#)  
Self care - **Saline nasal douches**, steroid spray  
Educate compliance and technique  
**Visible Polyps: Try steroids**  
Consider **Prednisolone** in severe cases (2 week reducing regimen) – consider comorbidities  
Following oral steroids or if not necessary/suitable:  
**Flixonase nasules** B/L BD for 6/62 then nasal steroid spray

Inadequate improvement with medical management after 3 months

Unremitting/ progressive facial pain/ nasal obstruction, or any alarming signs

Refer to ENT: If patient willing for surgery to resolve symptoms

Refer ENTRAC for trauma <2/52 with suspected fracture deviation

## Nasal airway obstruction/Nasal deformity/Trauma

Nasal deformity and nasal blockage