

# PRIMARY CARE MANAGEMENT GUIDELINES

## Rhinitis

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NATIONAL GUIDELINE

DISTRICT HEALTH BOARD: National

An inflammatory condition of the nose, usually viral, allergic or "non allergic" in origin. There is a greater risk of developing secondary sinusitis when suffering rhinitis.

CLINICAL PROBLEM (Clinical Determinants)	ACTIONS	LOCAL IMPLEMENTATION REQUIREMENTS
<b>Acute Single Episode of Rhinitis ?Viral</b>	<ul style="list-style-type: none"> <li>● Symptomatic treatment – paracetamol, inhalations</li> <li>● Consider topical vasoconstrictor xylometazoline (Otrivine) for relief of severe nasal obstruction. Use for maximum of 5 days<sup>1</sup></li> </ul>	GP management
<b>Allergic Rhinitis (including seasonal - Hay Fever)</b>	<p><b>First-line Treatment:<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>● Instigate seasonal treatment before season commences<sup>3</sup></li> <li>● Topical nasal steroid and / or</li> <li>● Oral non-sedating antihistamines</li> </ul>	GP management
<b>Perennial Allergic Rhinitis</b>	<p><b>First-line Treatment:<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>● Topical nasal steroid – long term and / or</li> <li>● Oral non-sedating antihistamines and</li> <li>● Allergen avoidance (if known)</li> </ul>	GP management
<b>SEASONAL / PERENNIAL RHINITIS NOT RESPONDING TO TREATMENT...</b>		
<b>All patients</b>	<p>Ensure compliance with:</p> <ul style="list-style-type: none"> <li>● Topical nasal steroid – long term and oral non-sedating antihistamines</li> <li>● Trial Prednisone 20mg daily 7-10 days</li> <li>● Skin prick tests for airborne allergens then:               <ul style="list-style-type: none"> <li>○ Allergen avoidance or</li> <li>○ Desensitisation injections</li> </ul> </li> </ul>	Refer to local desensitisation clinic / GP
<b>Symptoms suggestive of chronic rhinosinusitis</b>	<ul style="list-style-type: none"> <li>● Amoxicillin 21 days</li> <li>● Prednisone 20mg daily two weeks</li> <li>● Topical nasal steroid long term<sup>4</sup></li> </ul>	
<b>Nasal septal deviation?</b>	Consult specialist	
<b>Adenoid hypertrophy</b>	Consult specialist	
<b>Seasonal / Perennial Rhinitis not responsive to second-line treatment<sup>4</sup></b>	Consult specialist	
<b>Vasomotor rhinitis</b>	Ipratropium bromide nasal spray – 'Atrovent'	

SEE NOTES ON REVERSE >>>

### NOTES:

1. Topical vasoconstrictors should not be used for more than five days in succession. Such use must be limited to 5 days to prevent Rhinitis Medicamentosa.
2. First-line treatment - topical nasal steroid and oral non-sedating antihistamines.
3. Commencing treatment before the onset of "hayfever season" and continuing with daily medication throughout the season is the optimal way of gaining maximal symptom control.
4. Second-line treatment - topical nasal steroid and oral non-sedating antihistamines and prednisone.

### REFERRAL LETTER INFORMATION

- Demographics
- Specific critical determinants leading to referral
- Indication for referral, treatment tried and response to therapy, medications, allergies, adverse clinical features

### PATIENT ADVISORY INFORMATION

See also the Allergy New Zealand website at: <http://www.allergy.org.nz>

### ADDITIONAL INFORMATION

The Elective Services Respiratory Medicine National Referral Guidelines & Clinical Priority Assessment Criteria and the Rhinitis Primary Care Management Guidelines can be found at: [www.electiveservices.govt.nz](http://www.electiveservices.govt.nz)

*This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.*