ENT Referral Pathway: Nasal Blockage / Discharge +/- Facial Pain in Adults

Chronic nasal blockage / discharge, with or without facial pain
Encompassing: chronic rhinitis (including allergic rhinitis), sinusitis, inflammatory nasal polyps, nasal neoplasm

Information and advice for self help
Patient information leaflets
Self medication / over the counter medicines

GP assessment

Are nasal symptoms bilateral or unilateral?

Bilateral

- If symptoms are due to ALLERGY, refer to box
- Initial drug therapy with topical nasal spray +/- antihistamine for 2 to 3 months. Broad spectrum antibiotics if appropriate
- Information and advice for self help
- Patient information leaflet
- Self medication / over the counter medicines

Symptoms improved after 6 weeks

- Topical steroid drops for 4 weeks (remember to start initial drug therapy after 4 weeks)
- Consider oral steroids (prednisolone 30mg od for 5 days, then stop)
- Broad spectrum antibiotics only if purulent nasal discharge (amoxicillin, doxycycline or clarithromycin) for 2 weeks

Symptoms improve

Consider maintenance nasal steroid spray
Continue self management

No

Unilateral

- If symptoms are due to ALLERGY
  Perform skin prick test / immunoglobulin assay (serum RAST test)
  Make patient aware that condition is not curable, but can be managed:
  - Patient information leaflet
  - Allergen avoidance
  - Importance of concordance with treatment
  - Nasal spray technique

If there is septal deviation, and no other symptoms consider referral for septoplasty
Urgent referral 01225 821436 if symptoms could be due to a neoplasm (very uncommon): associated with symptoms such as facial pain, diplopia, bleeding

Notes
- Large polyps may respond to topical treatment and is first line
- Consider earlier treatment with oral steroids for polyps in patient with asthma

Refer to ENT surgeon, include the following information:
- Patient history, symptoms
- Treatment tried, duration, response, any trial of steroids, any side effects
- Skin prick test / immunoglobulin assay results if done

ENT assessment, investigation, diagnosis and treatment

Discharge with advice for ongoing management in primary care, including management of any recurrences