Rhinorrhea, itching, sneezing

Check for asthma and treat

Thick, green secretions
- Nasal crusting, bleeding
- Nasal deformity

New polyps
- Gelatinous, insensitive
- Unilateral symptoms and signs
- History suggestive of allergy (itching, sneezing, conjunctivitis)
- Positive SPT or RAST

Systemically unwell (tired, sleep apnoea, rash, malaise, etc.)

No obvious cause

**Infective Rhinitis/Sinusitis**
- Orbital cellulitis
- Nasal douching +/- INS*
  - + antibiotics if severe pain/fever
  - If chronic/recurrent consider allergy or immune deficiency

**Ent referral**

**Allergic Rhinitis**
- Allergen and irritant avoidance, where appropriate, consider douching
- Mild intermittent
  - Non-sedating antihistamines
- Moderate severe/persistent; affects QoL
  - Regular INS* non systemically bioavailable

**Poor response**
- Combine above, i.e. non-sedating antihistamines AND regular non-bioavailable INS*

**Other**
- Consider
  - Non-allergic
  - Autonomic (vaso-motor)
  - Hormonal
  - Drug induced (decongestant overuse, aspirin/NSAID sensitivity, nasal polyps, anti-hypertensive)

Treat the underlying cause; course of INS* (non-bioavailable) could be tried

**Refer to Allergy Clinic**

*Check nasal inhalation technique and compliance

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