 **Bacterial Rhinosinusitis Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Bacterial Rhinosinusitis |
| **Rationale** | To provide symptomatic relief and treat patients who have an acute bacterial sinus infection. |
| **Scope (condition and patient group)** | Adults and children more than one month old who are assessed as having an acute bacterial sinus infection. |
| **Red Flags** | Rarely, rhinosinusitis spreads to the orbit or into the cerebral veins resulting in cavernous sinus thrombosis, brain abscess, or meningitis.  Arrange acute assessment if:   * systemic symptoms * severe, persistent frontal headache * periorbital oedema or erythema * facial cellulitis * altered visual acuity or diplopia – reduced eye movements with or without reduced level of consciousness (cavernous sinus thrombosis, orbital apex syndrome) |
| **Assessment** | 1. The diagnosis of acute (or chronic) rhinosinusitis is based on symptoms. For example   * purulent nasal discharge, * nasal congestion (and/or facial pain or pressure) for more than five to seven days plus any of the following features:   + 1. fever,     2. unilateral maxillary sinus tenderness,     3. severe headache,     4. symptoms worsening after initial improvement.   2. Check for allergic symptoms (allergic rhinitis), e.g., sneezing, watery nasal discharge, nasal itching, itchy watery eyes.  3. Consider other causes of facial pain, e.g., mid-segmental facial pain, migraine and other vascular headache variants, temporomandibular joint dysfunction, other causes of headache and dental pain.  4. Examination is of limited use, but important to exclude red flags and other causes.  Note: In children with a unilateral nasal discharge, exclude a nasal foreign body. |
| **Indication** | **Provide analgesia for symptomatic relief for acute bacterial sinus infection** |
| **Medicine** | **Paracetamol** tablets or liquid |
| **Dosage instructions** | Adults- 1gm FOUR times daily PRN  Children – 15mg/kg FOUR times daily PRN |
| **Route of administration** | Oral |
| **Quantity to be given** | 60 tablets or 100mLs of 120mg/5mL or 250mg/5mL suspension |
| **Contraindications** | Liver failure |
| **Precautions** | * Ensure patient is not taking any other paracetamol containing products. * Ask about time of last dose of paracetamol taken * Maximum of 4 doses per 24 hours. |
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| **Indication** | **Provide** **a sympathomimetic vasoconstrictor for symptomatic relief for acute bacterial sinus infection** |
| **Medicine** | **Otrivine** (xylometazoline) nasal spray |
| **Dosage instructions** | Adults: 0.1% - 1-2 sprays THREE times to affected nostrils.  Children: 0.5% - 1-2 sprays THREE times to affected nostrils. |
| **Route of administration** | Nasal |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Concomitant use of monoamine oxidase inhibitors  Angle-closure glaucoma |
| **Precautions** | * Caution in patients with hypertension and cardiovascular disease * Do not use longer than 5 days as rebound nasal congestion can occur on withdrawal. |
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| **Indication** | **To treat acute bacterial sinus infection** |
| **Medicine** | **Amoxycillin** capsules or liquid |
| **Dosage instructions** | Adult: 500 mg THREE times per day for 7 days  Child: 15mg/kg THREE times daily for 7 days. Maximum: 500mg per dose |
| **Route of administration** | Oral |
| **Quantity to be given** | 7 days |
| **Contraindications** | Allergy to penicillin |
| **Precautions** | * History of allergies |
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| **Indication** | **To treat acute bacterial sinus infection in patients who are allergic to penicillin and over 12 years of age** |
| **Medicine** | **Doxycycline** 100mg tablets |
| **Dosage instructions** | Adults and children ≥ 12 years of age: 200 mg on day one, then 100mg ONCE daily for days 2 to 7. |
| **Route of administration** | Oral |
| **Quantity to be given** | 8 x 100mg tablets |
| **Contraindications** | Children under 12 years of age.  Pregnant or breastfeeding patients |
| **Precautions** | * Exposure to sunlight or sunlamps * Patients with myasthenia gravis or systemic lupus erythematosus |
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| **Indication** | **To treat acute bacterial sinus infection in children 12 year or under who are allergic to penicillin** |
| **Medicine** | **Erythromycin ethylsuccinate** |
| **Dosage instructions** | Child < 12 years of age: 20mg/kg TWICE times daily for 7 days. Maximum 400mg per dose. |
| **Route of administration** | Oral |
| **Quantity to be given** | 7 days |
| **Contraindications** | It is not suitable for infants < 1 month of age due to the risk of hypertrophic pyloric stenosis |
| **Precautions** | * Multiple drug to drug interactions- check |
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| **Additional information** | * Most patients with sinusitis will not have a bacterial infection. Even for those that do, antibiotics only offer a marginal benefit and symptoms will resolve in most patients in 14 days, without antibiotics. * Provide education about the condition, expected duration of symptoms and management options. * Advise smoking cessation, if applicable |
| **Follow-up** | If poor response to antibiotics, treatment failure, or recurrent infections (eg ≥ 4 episodes per year), review diagnosis and consider a change in antibiotics or a longer antibiotic course after discussion with a medical practitioner. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Diplopia- double vision |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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