SINUSITIS
Level II

Skill Level: RN
Definition: Sinusitis is an inflammatory process caused by bacterial, viral, fungal or allergic condition that changes the mucosa of a sinus.

Subjective: • Mucopurulent nasal discharge and persistent postnasal drip. • Choking cough at night, often appearing after a recent upper respiratory tract infection (URI). • General malaise. • An ache or pressure behind the eyes. • Toothache-like pain. • Headache (often worse at night and early morning).	**Assessment:** • Alteration in comfort. • Sensory deficit: olfactory • Potential: ineffective breathing pattern. • Sinusitis
Objective: • Yellow/green mucopurulent nasal discharge for more than 10 days. • Tenderness over the involved sinus. • No cellulitis in area overlying the involved sinus. • No Periorbital cellulitis. • Edematous nasal mucosa. • Temperature may be elevated up to 102 degrees, but all other vital signs must be consistent with prior baseline.	**Plan:** • **Patient education handout regarding use of medication from the housing units.** • Provide Level I treatment Plan plus: • Check for allergies to medications. • **Avoid Antibiotics, but if objective findings present for 14 days or more, consider:** --Augmentin 875mg BID x 10 days **OR** --Septra DS BID x 10 days. • **Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.** • Return to clinic if not improved in 5 days. • If unstable vitals or fever over 102, contact practitioner. • If periorbital or facial cellulitis is present then contact practitioner. • If dental issues present, consider dental protocols. • If fever 100.4 degrees or above, purulent nasal discharge, and facial pain for 4 days or more, call provider now or refer for provider visit within 24 hours.

Sinusitis – Level II

Patient Teaching:

1. Decrease exposure to known irritants.
2. Hydration: Instruct client to increase fluid intake to 2000 to 3000 ml or more per day.
3. Medication: Teach purpose, dosage, possible side effects and importance of compliance with medications.
4. Warm wet pack to sinus area x 20 minutes followed by cold compress x 20 minutes. Repeat prn.
5. Remind the patient that congestion can recur as a rebound response.
6. Reinforce need for hand washing.

Nursing Education:

1. Most patients with a clinical diagnosis of acute sinusitis caused by a bacterial infection improve without antibiotic treatment. Appropriate doses of analgesics (pain-relievers), and antipyretics (fever reducers) are standards of care. However if symptoms persist after 14 days, antibiotics may be recommended.

2. **Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.**

3. Redness and heat consistent with infection of the area around the eyes or extending into the lower facial areas, especially when associated with fever, is ***NOT*** likely to be uncomplicated sinusitis and is more likely to be a more serious infection such as facial or peri-orbital cellulitis. These conditions frequently require parenteral antibiotics.

4. Symptoms do not accurately distinguish viral from bacterial infection. Acute Bacterial Rhino Sinusitis (ABRS) is suggested by persistent symptoms or signs of Acute Rhino Sinusitis (ARS) lasting ≥10 days without clinical improvement, onset of severe symptoms or signs (high fever, purulent nasal discharge, or facial pain) for at least three to four consecutive days at the beginning of illness, or initially symptom improvement followed by worsening symptoms or signs.

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APPROVED:

Medical Services Manager	Date
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