### ALLERGIC RHINITIS (HAY FEVER)

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>Allergic rhinitis is an inflammation response of the nasal mucosa and conjunctivae after exposure to inhaled allergens. It can be seasonal or perennial with either intermittent or persistent symptoms. Allergic rhinitis affects up to 40% of Americans. In some cases, allergic rhinitis often coexists with asthma. New clinical guidelines have recently been issued.</th>
</tr>
</thead>
</table>
| SUBJECTIVE | May include:  
1. Determine the pattern, frequency, chronicity, seasonality and severity of symptoms. If applicable, describe response to medication, presence of coexisting conditions (asthma, COPD), occupational exposures, environmental history and identified precipitating factors.  
2. Symptoms including the following:  
   a. Sneezing.  
   b. Burning, tearing of the eyes.  
   c. Nasal congestion.  
   d. Anterior or postnasal drip (watery rhinorrhea). |
| OBJECTIVE | Must include:  
1. Normal ear exam or serous otitis.  
2. Normal pharyngeal exam.  

May include:  
2. Edematous, pale to blue or greenish nasal mucosa (prenatal patients often have engorged vessels).  
3. Watery secretions on mucosa or floor of nasal passages.  
5. Red, watery eyes.  

Must exclude:  
1. Nasal polyps.  
2. Sinusitis (bacterial and viral). |
| LABORATORY | May include: Specialized testing, e.g. serum IgE antibodies to specific allergens or by positive epicutaneous skin testing (but not total serum IgE or total circulating eosinophil counts). |
| ASSESSMENT | Allergic rhinitis (hay fever). |
| PLAN | 1. Assess impact of symptoms on patient’s quality of life.  
2. Recommend avoidance of allergen, if possible.  
3. Oral antihistamine preparations: (usually second generation, less sedating agents). Use one of the following:  
   a. Chlorpheniramine maleate (Chlortrimeton, plain), 4 mg. orally every 4-6 hours when needed. Do not exceed 14 days of treatment.  
   b. Diphenhydramine 25 mg, 1 tab orally every hours 6 when needed.  
   c. Brompheniramine Maleate, Phenylpropanolamine HCL (Dimetap), 1 tablet orally every 4-6 hours (OTC). (Do not use in pregnancy or breastfeeding).  
   d. Loratadine (Claritin) 10 mg, 1 tablet orally nightly (OTC).  
4. Oral decongestants may be added to oral antihistamines.  
5. Intranasal antihistamines can be used as second line therapy. They are more effective than oral antihistamines, but may have bitter taste.  
6. Normal saline nose drops, 1 drop in each nares 4 times a day when needed. (Especially helpful in pregnancy). |
### PLAN (Continued)
7. Intranasal steroids for allergic rhinitis are most effective and should be used when symptoms affect quality of life.
8. For patients whose symptoms are not controlled by these treatments, referral is advised for specific allergen identification and therapy with oral leukotriene receptor antagonist or immunotherapy.

### PATIENT EDUCATION
1. Recommend elevating of head of bed, especially for pregnant women.
2. Advise patient of sedative effect of antihistamine medications.
3. Encourage avoidance of allergens:
   a. Spring is most common, secondary to pollens from trees.
   b. Late spring and early summer stimulate grass allergies.
   c. Late summer or early fall stimulates ragweed pollens.
   d. Perennial hay fever may be due to dust, smog or pets.
4. Discourage use of epinephrine sprays for longer than 3 days due to rebound nasal edema.
5. Outline methods to avoid allergens. Examples include:
   a. Removal of pet.
   b. Introduce methods to reduce house mites (acaricides) with chemicals that kill mites or with high efficiency air filters, allergy bed covers, etc.
6. Advise patient that other OTC therapies, such as capsaicin have not been shown to help relieve symptoms. Similarly, herbal therapies do not relieve sore throats.
7. Encourage patient to track episodes to identify possible inciting allergens.
8. Acupuncture may be helpful for patients who wish to use nonpharmacological therapies.

### REFER to MD/ER
1. Presence of nasal polyps.
2. Refractory epistaxis.
3. Significant pulmonary symptomatology.
4. For allergy testing or other intervention, if there is insufficient response to empiric therapies listed in PLAN.

### REFERENCES