

Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

ALLERGEN MINIMISATION

Minimising exposure to confirmed allergen/s may assist to reduce symptoms in some people. For information go to www.allergy.org.au/patients/allergy-treatment/allergen-minimisation

THUNDERSTORM ASTHMA

If pollen allergic, try to stay indoors during thunderstorms in pollen seasons. Use preventer treatments (e.g. intranasal corticosteroid sprays or combined intranasal/antihistamine sprays). Consider allergen immunotherapy (see below). If you also have asthma, use asthma preventers regularly. For information go to www.allergy.org.au/patients/asthma-and-allergy/thunderstorm-asthma

MEDICATIONS

Intranasal corticosteroid spray: _____

1 or 2 times/day/nostril for _____ weeks or _____ months or continuous

Additional instructions: _____

or

Combined intranasal corticosteroid/antihistamine spray: _____

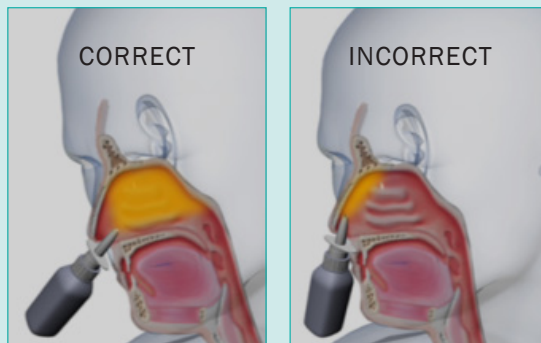
1 or 2 times/day/nostril for _____ weeks or _____ months or continuous

Additional instructions: _____

Note:

- It is important to use these sprays correctly – see instructions below and directions for use.
- Onset of benefit may take days, so these sprays must be used regularly and do not have to be stopped every few weeks.
- If significant pain or bleeding occurs contact your doctor.
- Some treatments mentioned above require a prescription.

1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril. Use right hand for left nostril (and left hand for right nostril).
5. Aim the nozzle away from the middle of the nose and direct nozzle into the nasal passage (not upwards towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.



Oral non-sedating antihistamine tablet: _____ Dose _____ mL/mg 1 or 2 times/day; or as needed Additional instructions: _____

Intranasal antihistamine sprays: _____ 1 or 2 times/day or as needed Additional instructions: _____

Saline nasal spray or irrigation _____ times/day or as needed Use 10 minutes prior if used in conjunction with intranasal corticosteroid spray

Decongestant: _____ nasal spray _____ times/day or tablet Dose _____ tablets _____ times/day for up to 3 days (not more than 1 course/month)

Other medications: _____

ALLERGEN IMMUNOTHERAPY

If allergen immunotherapy has been initiated by a clinical immunology/allergy specialist, it is important to follow the treatment as prescribed. Contact your doctor if you have any questions or concerns. For information go to www.allergy.org.au/patients/allergy-treatment/immunotherapy