www.allergy.org.au

Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

0 L Q L P L H V L R V X R F R Q U P D H Q V V R U W G X F F Q V R P H H R S O H
) R U R U P D W R R Q www.allerg ts/allergy-treatment/all imisation

, IS R O D H Q H W U R L F L Q U Q W R U G R O V R U Y H Q W H U D
H L Q W U D F R W L F R O V W E R Q H G U D Q L K & R P L Q G H U

Intranasal corticosteroid spray:
1 or 2 times/day/nostr wee s or contin
Additional instructions:
or
Combi ed i sal co icoste i tamine
1 r es/day/ostri eks o ths continuou
Additio tructions

Note:
‡ , LW R 9 97.8735 422.635 800560048>Tj ET BT /S

Q R V W U L O
5. $ L P W K H R]] D Z H \ R P W K H L G R W H Q H R V H Q G L F W R]] O H
L Q W R H D V S D O V V D Q W R S Z U R W Z D U G R V Q R V E H X W Q L Q H
Z L W K U R R I W K H R X W K
6. $Y R L G L Q K J D G G X U R Q J W H U S U L D Q J

Oral non-sedating antihistamine tablet: ' R V H P / P J R U W L P H V R G D \
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
8 V H P L Q H X W U L R U V H L G R Q M X Z E W K R W U D F R W L F R O V W H U R L G

Decongestant: Q D V D S U D \ W L P H V R G D W D E O H W
' R V H W D E O H W L P H \ R G D W R G D V Q R R U W K D F R X H P R Q W K

Other medications:

, ID O O H U J H X W R H U K D S V H L Q L H G E D F O L Q L P D X Q R O R J V S H O H D W L P V R U W R R Q W R K Z H
W U H D W R H U Q W F & L E H W R D X G W R U R X K D H Q T X H V W R U R Q F H) R U R U P D W R R Q
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