Taking an Allergic Rhinitis-focused patient history

Patient name

Is there a personal history of hayfever/rhinitis?

YES   NO   **DETAILS:**

Is there a personal/family history of eczema/asthma/other allergies?

YES   NO   **DETAILS:**

What symptoms are present?

NASAL ITCH   NASAL BLOCKAGE   RHINNORHEA   SNEEZING   EYE SYMPTOMS (TEARING, REDNESS, ITCHING)

When are symptoms present?

.......**PERSISTENT -4 OR MORE DAYS/WEEK AND 4 OR MORE WEEKS AT A TIME**

.......**INTERMITTENT – LESS THAT 4 DAYS/WEEK OR LESS THAN 4 WEEKS AT A TIME**

Is quality of life effected?

YES   NO   **DETAILS:**

Is sleep regularly disturbed?

YES   NO   **DETAILS:**

Are activities of daily living affected?

YES   NO   **DETAILS:**

Any other social or psychological effects (including on family/carers)?

YES   NO   **DETAILS:**

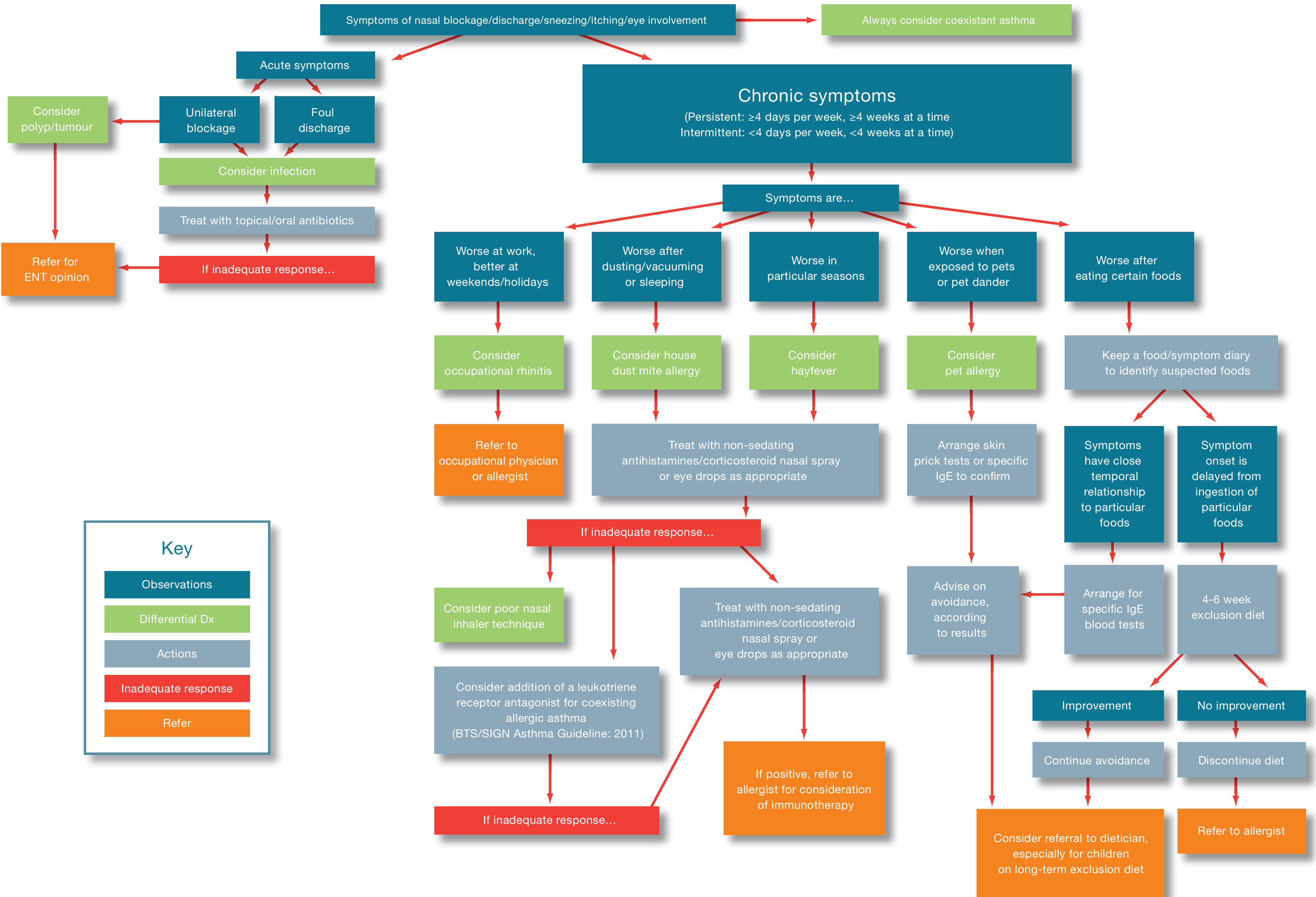
CAN ANY TRIGGERS BE IDENTIFIED?

POLLENS (TREE, GRASS, WEEDS, MOULDS) EG SEASONAL	YES	NO
HOUSE DUST MITE EG SYMPTOMS WORSE ON DUSTING/SLEEPING	YES	NO
FOOD ALLERGENS	YES	NO
PETS	YES	NO
OTHER EG DRUGS/OCCUPATIONAL/HORMONAL	YES	NO

What treatments have been tried and how effective have they been?

Is there any coexisting asthma?

PLEASE NOTE THAT THIS FORM IS A GUIDE ONLY AND NOT AN OFFICIAL TEST ORDER FORM



Symptoms of nasal blockage/discharge/sneezing/itching/eye involvement
Always consider coexistant asthma
Acute symptoms
Unilateral blockage
Foul discharge
Consider polyp/tumour
Consider infection
Treat with topical/oral antibiotics
If inadequate response…
Refer for ENT opinion
Chronic symptoms
(Persistent: ≥4 days per week, ≥4 weeks at a time
Intermittent: <4 days per week, <4 weeks at a time)
Symptoms are…
Worse at work, better at weekends/holidays
Worse after dusting/vacuuming or sleeping
Worse in particular seasons
Worse when exposed to pets or pet dander
Worse after eating certain foods
Consider occupational rhinitis
Consider house dust mite allergy
Consider hayfever
Consider pet allergy
Keep a food/symptom diary to identify suspected foods
Refer to occupational physician or allergist
Treat with non-sedating antihistamines/corticosteroid nasal spray or eye drops as appropriate
Arrange skin prick tests or specific IgE to confirm
Symptoms have close temporal relationship to particular foods
Symptom onset is delayed from ingestion of particular foods
If inadequate response…
Consider poor nasal inhaler technique
Treat with non-sedating antihistamines/corticosteroid nasal spray or eye drops as appropriate
Advise on avoidance, according to results
Arrange for specific IgE blood tests
4-6 week exclusion diet
Consider addition of a leukotriene receptor antagonist for coexisting allergic asthma (BTS/SIGN Asthma Guideline: 2011)
If positive, refer to allergist for consideration of immunotherapy
Improvement
No improvement
Continue avoidance
Discontinue diet
If inadequate response…
Consider referral to dietician, especially for children on long-term exclusion diet
Refer to allergist
Key
Observations
Differential Dx
Actions
Inadequate response
Refer