Croydon NHS
Primary Care Trust
Clinical Assessment Service

Allergic Rhinitis

Management

Primary Care management includes

- Recommending allergen avoidance for anyone with allergic rhinitis
- Patient information leaflets advising how to obtain daily pollen counts and how to reduce exposure to house dust mite and animal dander (PRODIGY or Mentor)
- Drug treatment depending on which symptoms predominate and whether the patient prefers topical or oral therapy
- Treatment with oral antihistamines, intranasal antihistamines, intranasal corticosteroids, intranasal decongestants, intranasal antimuscarinics (e.g. ipratropium bromide) and intranasal cromones (e.g. sodium cromoglycate)
- See table 3 in the full guidance http://www.prodigy.nhs.uk/guidance.asp?gt=Allergic%20rhinitis

Specialist management includes

- Investigations are usually carried out in secondary care
- Specialist investigation may include skin-prick testing for reaction to a particular allergen
- Other specialist investigations may include sinus endoscopy or CT scan
- Another role of the specialist is to guide immunotherapy

When to refer

Emergency [discuss with on-call specialist]

- Periorbital cellulitis

Specialist referral is recommended for people who do not respond to maximal management by their GP. This is to confirm diagnosis, optimize treatment, and consider the need for immunotherapy or surgery.

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Nasal perforations, ulceration, or collapse

Refer to CAS

- Patient is not responding to maximal treatment
- Children receiving prolonged treatment with intranasal corticosteroids who have evidence of slowed growth
- Unilateral nasal problems
- Crusting high in the nasal cavity
- Recurrent infection

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.