

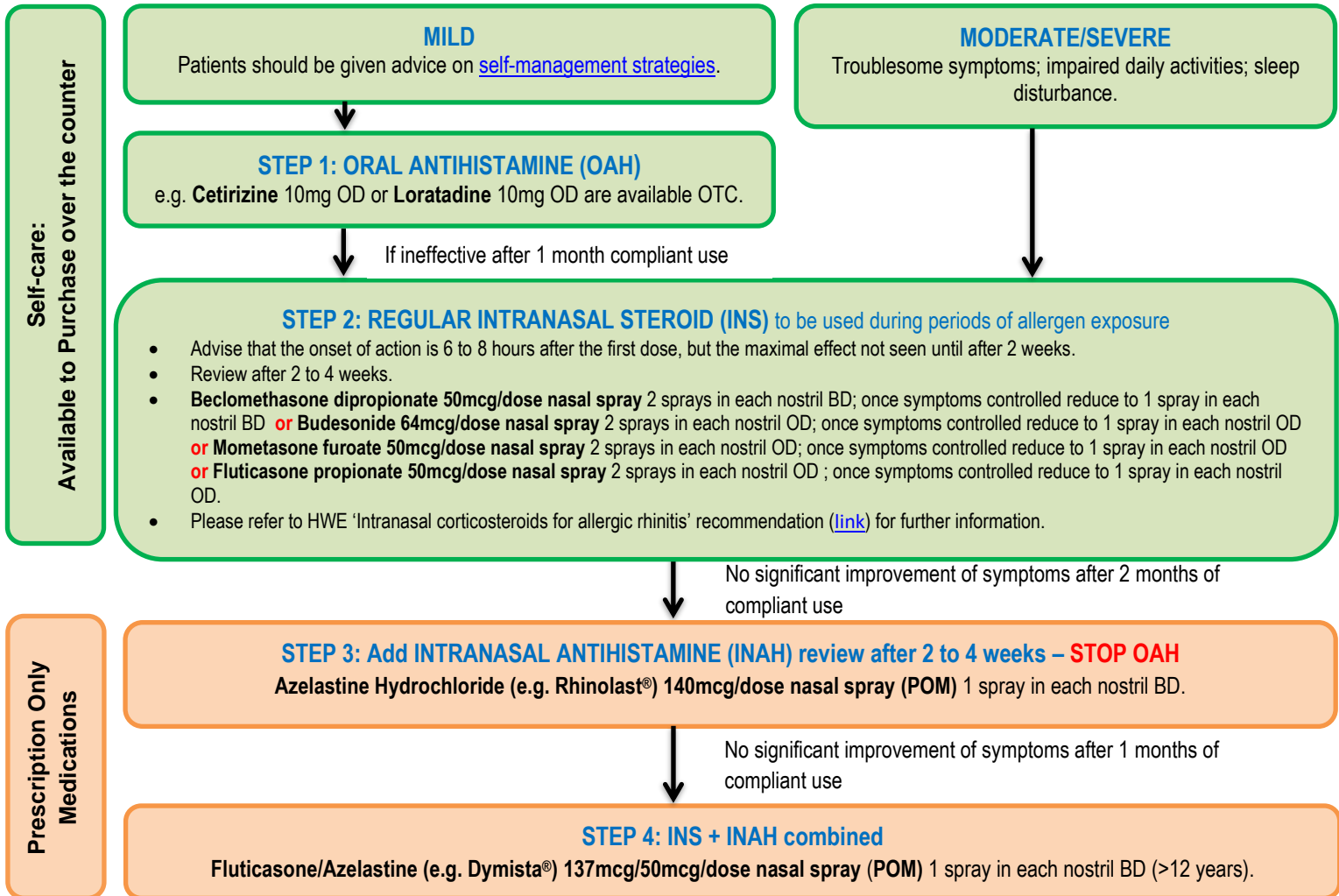
Allergic Rhinitis Pathway

RED FLAGS FOR URGENT REFERRAL TO ENT SPECIALIST

Arrange an urgent two-week wait referral to ENT if there are Red flag features such as unilateral blood-stained nasal discharge or unilateral nasal obstruction associated with purulent discharge persisting for >3 weeks.

Consider arranging referral for specialist assessment and management to an allergy or ear, nose, and throat (ENT) specialist if:

- There is predominant nasal obstruction and/or a structural abnormality such as deviated nasal septum which makes intranasal drug treatment difficult — arrange referral to ENT.
- There are persistent symptoms despite optimal management in primary care — consider referral to an allergy specialist for allergy testing and possible immunotherapy treatment.
- The diagnosis is uncertain: consider referral to an allergy or ENT specialist, depending on clinical judgement.



Note: Doses are for adults; for use in children please refer to the children's BNF. (See BNF for more information on all drug therapies).

The Duration of Treatment should correspond to the period of allergenic exposure.

If a person has uncontrolled symptoms following initial self-management strategies and drug treatment, consider stepping up treatment:

- If there is persistent **watery rhinorrhoea** despite combined use of an intranasal corticosteroid and oral antihistamine, add in an **intranasal anticholinergic** such as ipratropium bromide.
- If there is persistent **nasal itching** and sneezing, options are to add in a **non-sedating oral antihistamine** to be used regularly rather than 'as needed'.
- If the person has ongoing symptoms and a history of **asthma**, consider adding in a leukotriene receptor antagonist such as **montelukast** to an oral or intranasal antihistamine.
- **Nasal congestion:** Add in a short-term **intranasal decongestant** such as ephedrine (OTC) or xylometazoline (OTC) for up to 5 to 7 days, depending on the person's age and preparation used.
- If the person has **severe, uncontrolled symptoms** that are significantly affecting quality of life, consider prescribing a short course of oral corticosteroids to provide rapid symptom relief, such as:
 - For adults: prednisolone 0.5mg/kg in the morning for 5 to 10 days.
 - For children: prednisolone 10 to 15 mg in the morning for 3 to 7 days.

Allergic Rhinitis Pathway

References: [NICE CKS Allergic Rhinitis](#) August 2021, [BSACI Guideline for the diagnosis and management of allergic and non-allergic rhinitis](#) (2017)

| | |
|-----------------------|--|
| Version | 2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: <ul style="list-style-type: none"> • Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers • Review date removed and replaced with standard statement. |
| Developed by | Acknowledgments to West Essex CCG, produced by ENHCCG and HVCCG PMOT |
| Approved by | HMMC |
| Date approved/updated | March 2022 |
| Review date: | The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available. |
| Superseded version | 1.0 Links to CCG repaired |