



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

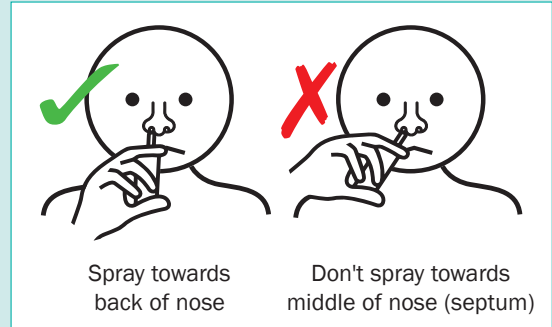
- Try to stay indoors during thunderstorms in pollen seasons if allergic to pollen. Use preventer treatments such as intranasal corticosteroid sprays or combined intranasal corticosteroid/antihistamine sprays. Consider allergen immunotherapy (see below). If you also have asthma, use asthma preventers 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 should not 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.
5. Aim the nozzle away from the middle of the nose (septum) and direct nozzle into the nasal passage (not 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
 Additional instructions: _____
- Intranasal antihistamine sprays:** _____ 1 or 2 times/day
 Additional instructions: _____
- Saline nasal** spray or irrigation _____ _____ times/day or as needed
 Use 10 minutes prior if used with intranasal corticosteroid spray
- Decongestant:** _____ nasal spray _____ times/day or tablet
 Dose _____ tablets _____ times/day for up to three days (not more than one 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