

Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

0 L Q L P L H / S L R Q V X R F R Q U _____ Q H D H Q V V W R U W G X F _____ Y R P S H R S O H
) R U Q U P D W R R W Q www.allergy.org.au/patients/allergy-treatment/allergy-immunisation

, IS R O D D H Q H W R U V W I D Q _____ U U _____ Q Q H R W S R O _____ Q V B _____ Y H Q W H H D _____ Q
H U Q W U D F Q U M D R O V V _____ E R _____ Q Q H O U D D O _____ W L K S _____ B R Q V Q I S H

Intranasal corticosteroid spray _____
1 or 2 times/day/nose _____ weeks _____ ns or _____ continu
Additional instructions: _____

or _____
Combined intranasal corticosteroid and antihistamine _____
1 or 2 times/day/nose _____ weeks or _____ months _____ continuous
Additional instructions: _____

Note: _____
† _____ 97.8735 422.6358 _____ 800560048>Tj ET BT \S

Q R V W U L O

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

Oral non-sedating antihistamine tablet: _____ ' R V H _____ P / P J _____ R U _____ W L P H V R C 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 S U L R V H C R Q M X Q E W Q R O D F Q U M D R O V W S H U D R L G

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

Other medications: _____