# ALLERGIC RHINITIS (HAY FEVER)

**Level I**

## Skill Level:
RN

## Definition:
Swelling of the mucous membranes of the upper respiratory system from exposure to one or more allergens. Symptoms can be seasonal or year round depending on the allergen.

## MODERATE

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| • "I get this every year." "I have hay fever."  
• "I have (one or more of the following): itchy nose or throat, watery or red eyes, sneezing, watery nasal drainage or congestion."
• No complaints of fever or muscle pain. | • Alteration in comfort: Allergic Rhinitis (Hay Fever). |

## Objective:

### Mild:
- Pale conjunctiva
- Normal speech
- Small amount watery nasal drainage.
- Nasal Congestion not readily observed.

### Moderate/Severe:
- Reddened conjunctiva.
- Eyes puffy, swollen.
- Nasal speech.
- Obvious sneezing.
- Copious clear, watery, nasal drainage.
- Obvious nasal congestion.
- No obvious respiratory distress apart from nasal congestion. (see Asthma protocol if respiratory distress.)
- If skin involvement, see contact dermatitis protocol

## Plan:
Patient education and self-care items for this protocol include:
- If no signs of moderate or severe allergies, educate the patient (may use handout), and advise self-care. In addition, may advise:
  - Ibuprofen 200mg 1-2 tablets, 4 times a day as needed from unit
  - Acetaminophen or ASA 325 mg 1-2 tablet, 4 times a day as needed from unit.

- Naprosyn, aspirin, and ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patient to use acetaminophen (available in housing units) for minor pain management.

- Sniff salt water three times as needed (a few granules of salt diluted in tap water, and held in the palm of the hand).
- Loratadine 10mg daily from canteen (self-purchase).
- If there are mild or no findings, treatment is palliative and may include:
  - increased hydration.
  - identify allergen if possible.
- avoid allergen if possible.
- analgesics in unit for comfort.

- If patient has **objective** evidence of Moderate/Severe allergies, schedule a chart review or an appointment with the provider.

**Nursing Education:**

1. Allergy symptoms with little or no objective findings are common and are not a serious medical condition. Advise self-care for these patients.

**Patient Education:**

1. Spring is a common time for allergies to flare up. Along with the weather changes can come problems for people who have allergies. Do you have a runny or stuffy nose that doesn't seem to go away? If so, you may have rhinitis, which is an inflammation of the lining of the nose.

2. Rhinitis is the most common allergic condition in the United States, affecting about 40 million people. Occasionally, people get a flair up of asthma in the spring too. Some people will choose to treat their allergy symptoms when they flair up.

**Allergic rhinitis:**

Allergic rhinitis is caused by substances called **allergens**. Allergens are common, usually harmless, substances that can cause an allergic reaction in some people. Causes

- When allergic rhinitis is caused by common seasonal pollens or molds, it is called **seasonal allergic rhinitis**, or "hay fever." This is common in the spring.

- Allergic rhinitis is also triggered by common indoor allergens like dust. These symptoms can last year round.

**Symptoms**

- Sneezing
- Congestion
- Runny nose
- Itchiness in the nose, roof of the mouth, throat, eyes and ears
TREATMENT

1. Push plenty of fluids, especially water and juice.

2. Identify the allergen and avoid it if possible.

3. Analgesics (like acetaminophen or aspirin) can help. These are available on the units.

4. Allergy pills might help, and Health Services has suggested that they be available on canteen. Consider Claritin (Loratadine) 10 mg daily.

5. Sometimes, when allergy symptoms are visibly severe, Health Services might prescribe medication. Only visible allergy symptoms, such as marked nasal congestion and puffy red eyes are treated by Health Services. Treatment of allergy symptoms that are “uncomfortable” but not severe is not a medical necessity and is up to the patient.

APPROVED:

__________________________________________ ________________
Medical Services Manager  Date

__________________________________________ ________________
Chief Medical Officer  Date

Clinical Medical Director  Date

11/20/2017

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