



Rhinitis: More Than a Runny Nose

Do you or your child have sneezing, a runny or stuffy nose, watery eyes, mouth breathing or frequent throat clearing? Or, a loss of taste or smell, or frequent sinus or ear infections? If so, you might be the proud possessor of allergic rhinitis, better known as nasal allergies. Lucky you!

You are not alone—about one out of five people have allergies. Triggers are usually dust mites, animal dander, molds, cockroach debris, cigarette smoke, and pollens. Allergy symptoms are often seasonal in tune with the appearance of pollens from trees and grasses.

What causes allergies?

The body is exposed to an allergen (a trigger), and then it responds with an antibody. Unfortunately, these antibodies hook onto certain inflammatory cells in the nose, and these cells release histamine. The histamine then produces the itching, sneezing and other allergic symptoms we are so fond of. That is why we use antihistamines to fight allergic symptoms. Here are some hints to help fight allergies:

- **Identify the triggers.** Where do the symptoms appear—in school, at home? And when—in the morning, in the spring? That will help you and us figure out what to do about them.

- **Keep pets outside, or at least out of the allergic person's bedroom.** Be sure to wash hands after handling pets. Have someone who is not allergic wash and brush the dog or cat weekly.
- **Keep the dust mite population down.** Wash all bedding in hot water once a week; vacuum and dust regularly and thoroughly; remove dust collectors such as books, magazines, stuffed animals, and carpets from the bedroom; use airtight plastic coverings on pillows and mattresses; use only washable toys and wash them regularly in hot water.
- **Avoid pollens by closing the windows, not using fans, and covering air vents.** You might even have to limit outdoor activity when pollen and mold counts are highest. High counts come in the morning for tree pollen, in the afternoon and early evening for grass in the summer, and midday for ragweed in the fall.
- **Reduce indoor mold spores.** Wash your shower curtains and liners frequently, and removing wallpaper which is old or bubbling from moisture that has snuck in behind it.
- **Ban smoking from your house.** Also limit exposure to other fumes such as paint, perfume, or nail polish

(Continues on back)



Allergic Rhinitis Initial History

Name _____ Date _____ Age _____

Symptoms

When did it start? _____

What happens? _____

- | | | |
|----------------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Eyes itchy, watery or red | <input type="checkbox"/> Sinus pain | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Nose runs (clear, cloudy) | <input type="checkbox"/> Stuffy nose | <input type="checkbox"/> Clears throat |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Loss of smell | <input type="checkbox"/> Night cough |
| <input type="checkbox"/> Nose itches | <input type="checkbox"/> Loss of taste | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Daytime fatigue | <input type="checkbox"/> Mouth breathing | |

Family History

Who in the family has a history of hay fever? _____

- | | | |
|------------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Other allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema |
|------------------------------------------|---------------------------------|---------------------------------|

Seasonal

Is there a particular time of the year that these symptoms occur?

- | | | | |
|---------------------------------|-------------------------------|---------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> All the time | <input type="checkbox"/> Constant, but worse at times |
|---------------------------------|-------------------------------|---------------------------------------|-------------------------------------------------------|

Triggers

- | | | | | |
|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Dust | <input type="checkbox"/> Cold air | <input type="checkbox"/> Fumes | <input type="checkbox"/> Pollen |
|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|---------------------------------|

Have symptoms occurred, or increased since something happened or the family moved? _____

Current and Previous Medications and Precautions

- | | | | | |
|------------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Allergy medications (antihistamines, decongestants) | | | | |
| <input type="checkbox"/> Dust control | <input type="checkbox"/> Foam pillows | <input type="checkbox"/> Bedding | <input type="checkbox"/> Covers | |

Examiner Allergy Worksheet

Eyes

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Allergic shiners | <input type="checkbox"/> Erythema |
|-------------------------------------------|-----------------------------------|

Nose

- Turbinates (pale, blue, boggy)

Nasal secretion/character: Polyps Mucousal irritation Sinus tenderness

Mouth

- | | |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Tonsils |
|------------------------------------------|----------------------------------|

Treatment Plan: _____
