## PHARMACIST ASSESSMENT - ALLERGIC RHINITIS

<table>
<thead>
<tr>
<th>Patient</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Sex: □ male □ female</td>
</tr>
<tr>
<td>Address:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>□ Pregnant □ Lactating</td>
</tr>
</tbody>
</table>

### Medical History:

### Drug History/ Drug allergies:

### 1. Patient History

**Is the patient ≤ 2 years of age?**
- □ No --> Continue
- □ Yes --> Refer to MD

**Is the patient pregnant?**
- □ No --> Continue
- □ Yes --> Refer to MD

**Does the patient have asthma, recurrent or chronic sinusitis, otitis media?**
- □ No --> Continue
- □ Yes --> Refer to MD

**Is the patient taking a medication suspected of causing the symptoms (ASA, NSAID, ACE-inhibitor, alpha blocker, beta blocker, etc.)?**
- □ No --> Continue
- □ Yes --> Recommend stopping or changing medication and / or refer to MD

### 2. Review of Symptoms

**Does the patient have symptoms which suggest anaphylaxis?**
- □ No --> Continue
- □ Yes --> Medical help needed immediately

**Does the patient have shortness of breath, persistent headache, eye pain?**
- □ No --> Continue
- □ Yes to any --> Refer to MD

**Does the patient have symptoms consistent with allergic rhinitis?**
  - □ Sneezing
  - □ Rhinorrhea
  - □ Nasal congestion
  - □ Itchy eyes /throat
- □ Yes --> Continue
- □ No --> Consider other conditions / refer to MD

**Does the patient have symptoms primarily in one nostril?**
- □ No --> Continue
- □ Yes --> Refer to MD

**How long have the symptoms been present?**
- □ 7 days or longer --> Continue
- □ Less than 7 days --> Consider upper respiratory tract infection
How severe are the symptoms?

**Mild** (able to perform normal activities and sleep normally)
- Intermittent --> OTC treatment PRN
- Frequent or persistent --> Consider prescription for intranasal corticosteroid

**Moderate** (symptoms interfere significantly with normal activities and/or sleep.)
- Intermittent --> Consider prescription for intranasal corticosteroid
- Persistent --> Refer to MD

3. Treatment

- Nonpharmacological - allergen /irritant avoidance
- OTC - antihistamine, oral decongestant PRN for **mild, infrequent symptoms**
- Intranasal corticosteroid for **frequent or persistent mild symptoms** or **intermittent moderate symptoms**

4. Prescription Issued

Rationale for prescribing: Minor ailment
Any other relevant information:

Rx: (Name. strength)

Quantity:

Dosage Directions:

5. Counseling

- Instructions on use of intranasal inhaler
- Expect relief of symptoms in 1 to 2 days; may take up to 2 weeks for maximum effect; if no response in 48 hours or symptoms worsen, contact your pharmacist or MD
- Allergen avoidance

6. Follow-up scheduled in 2 - 4 weeks (date):

- In pharmacy  □ Telephone ( number:________________)
- Symptoms resolved
- Symptoms improved but requires continuing therapy --> Contact / refer to MD
- Symptoms not improved --> Refer to MD

Prescribing Pharmacist:

Name:
Pharmacy:
Tel: Fax: Email:

Signature \hspace{1cm} Date: