

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ Signed: \_\_\_\_\_

0 L Q L P L H / S L R V J X R F R Q U \_\_\_\_\_ Q H D H Q V V W R U W G X F \_\_\_\_\_ R P S H R S O H  
) R U Q U P D W R R V Q [www.allergy.org.au/patients/allergy-treatment/allergy-immunisation](http://www.allergy.org.au/patients/allergy-treatment/allergy-immunisation)

, IS R O D D H Q H W U R V F W I D C \_\_\_\_\_ U U \_\_\_\_\_ Q W H R W S R O \_\_\_\_\_ Q V B \_\_\_\_\_ Y H Q W H H D \_\_\_\_\_ Q  
H U Q W U D F R V 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/nost \_\_\_\_\_ week \_\_\_\_\_ ns or continu \_\_\_\_\_  
Additional instructions: \_\_\_\_\_

or \_\_\_\_\_  
Combined intranasal corticosteroid and antihistamine \_\_\_\_\_  
1 or 2 times/day/nost \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ continuous \_\_\_\_\_  
Additional instructions: \_\_\_\_\_

Note: \_\_\_\_\_  
‡ \_\_\_\_\_ 97.8735 422.6358 \_\_\_\_\_ 6800560048>Tj ET BT \

Q R V W U L O

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

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

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

Other medications: \_\_\_\_\_