

Allergic Rhinitis in Children Referral Pathway

Management in Primary Care



Symptoms

Sneezing • Clear nasal discharge • Itching in nose, palate, throat or ear • Blocked nose or nasal congestion

- Post-nasal drip feeling of mucus running down back of throat
- Eye symptoms red/itchy/watery eyes Respiratory symptoms cough and/or wheeze

First Line Management

- 1. Allergen avoidance guided by history symptom timing & duration
 - Seasonal probable pollens: tree, grass, weeds Perennial consider house dust mite, moulds, pets
- 2. Trial of Saline Nasal rinses e.g. NeilMed, SinuSalt, Sterimar to be purchased OTC
- 3. Trial of Medication:

Non-sedating antihistamines

- Regular
- For moderate and/or persistent symptoms consider double daily dose

Add regular intranasal corticosteroids

Eye drops (antihistamine or mast cell stabiliser) - if ocular symptoms are present

- 4. Assess and manage asthma if present
- 5. Signpost to Allergy UK Patient Information leaflet for practical tips (see resources for links)

Second Line Management

Assess adherence to regular medication and technique with nasal spray

Consider alternative antihistamine or nasal spray or increase antihistamine dose

Consider combination nasal spray (containing steroid + antihistamine) if >12 years

Consider add-on leukotriene receptor antagonist montelukast (warn about possible side effects)

REFER TO PAEDIATRIC ALLERGY TO ASSESS SUITABILITY FOR IMMUNOTHERAPY IF SYMPTOMS PERSIST DESPITE REGULAR ANTIHISTAMINE & INTRANASAL CORTICOSTEROIDS WITH GOOD COMPLIANCE

Red flags

Refer to ENT If:

Unilateral symptoms • Mucopurulent discharge • Frequent nose bleeds • Sleep apnoea • Nasal polyps

• Symptom onset before 2 years of age

Refer to paediatrics if

Poorly controlled asthma

Isolated eye swelling - alternative diagnosis e.g. nephrotic syndrome

Refer to Ophthalmology if severe eye symptoms

Formulary

Non-sedating Antihistamine:

e.g. Cetirizine, Loratadine, Fexofenadine
Intranasal Corticosteroids: e.g. Mometasone,
Fluticasone Propionate or Furoate (Avamys)
Provide education for technique (see links)
Eye Drops: Antihistamine e.g. Olopatadine,

Azelastine or Mast cell stabiliser e.g. Sodium Cromoglicate

Combination Nasal Sprays: e.g. Dymista, Ryaltris

• Most effective • Licensed >12 years

Avoid: Piriton and oral steroids

Do NOT prescribe Beclomethasone (Beconase)

Links: Allergy UK Patient Information leaflets: • <u>Allergy UK | National Charity</u> • <u>Allergic Rhinitis & Hayfever</u> • <u>Pollens & Moulds in the Garden</u> • <u>House Dust Mite Allergy</u> • <u>Pet Allergy</u> Videos for nasal spray / nasal douching: • <u>University Hospital Southampton ENT video on nasal spray technique</u> • <u>Allergy Care Pathway Itchy Sneezy Wheezy Project - Public Area: Rhinitis Treatments</u> Other resources for primary care: • <u>BSACI guideline for diagnosis and management of allergic rhinitis</u> • Quality of Life Assessment Tool e.g. <u>Rhinitis Control Assessment Test (RCAT)</u>



Allergic Rhinitis in Children - Management - QUICK REFERENCE GUIDE



At every step review: Allergen avoidance, Treatment compliance, Nasal spray technique, Impact on daily activities

Step 1

PRN antihistamine Saline rinses

Step 2

Regular antihistamine Step 3

Add in intranasal corticosteroid Step 4

Increase dose antihistamine/ nasal spray AND/OR alternative agent

Step 5

Trial dual agent nasal spray e.g. **Dymista** and/or leukotriene receptor antagonist AND test for HDM, tree & grass pollen +/- mould, pets

Step 6

Assess for Allergen **Immunotherapy** (not all patients suitable)

This guideline involved extensive consultation with healthcare professionals in SW London NHS Trusts

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer. June 2025, review date June 2028. Adapted with permission from Frimley Healthier Together Guideline. References: Allergy UK | National Charity, BSACI guideline for diagnosis and management of allergic rhinitis