 **Hay fever Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Hay fever |
| **Rationale** | To promptly and appropriately treat patients presenting with hay fever |
| **Scope (condition and patient group)** | Adults and children who are assessed as suffering from hay fever. |
| **Red Flags** | Unilateral symptomsNasal obstruction without other symptomsRecurrent epistaxisMucopurulent or posterior rhinorrhoea with thick mucous  |
| **Assessment** | 1. Symptoms include:* Sneezing
* Congestion
* Watery anterior rhinorrhoea
* Itchy nose, eyes and throat
* Sinus pressure
* Facial pain
* Decreased sense of smell

2. Ask about:* Pattern, chronicity and seasonality of symptoms
* Response to medications
* Occupational exposure
* Environmental history
* Identification of precipitating factors
* Effect on quality of life

3. Assess for co-existing asthma and ensure patient has necessary inhalers and asthma action plan at hand. |
| **Indication** | **Predominant nasal congestion associated with mild hay fever symptoms** |
| **Medicine** | **Azelastine** 140 microgram nasal spray |
| **Dosage instructions** | Adult and child > 6 years: ONE spray into each nostril TWICE daily |
| **Route of administration** | Intranasal |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Patients who have shown hypersensitivity to azelastine |
| **Precautions** | * Pregnancy- category B3
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| **Indication** | **Predominant eye symptoms associated with mild hay fever symptoms** |
| **Medicine** | **Cromoglicate sodium 2%** eye drops |
| **Dosage instructions** | Adult and child: ONE to TWO drops into each eye FOUR times daily |
| **Route of administration** | Occular |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Patients who have shown hypersensitivity to cromoglicate sodium |
| **Precautions** | * Avoid wearing soft contact lenses during treatment.
* May take 3–6 weeks to reach full effect.
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| **Indication** | **Hay fever associated with multiple symptoms, not just nasal congestion** |
| **Medicine** | **Loratadine**  |
| **Dosage instructions** | Adults and children > 30kg: 10mg ONCE daily PRNChildren 2-12 years < 30kg: 5mg ONCE daily PRN |
| **Route of administration** | Oral |
| **Quantity to be given** | 10 days  |
| **Contraindications** | Patients who have shown hypersensitivity to loratadineChildren under the age of 2 years |
| **Precautions** | * Reduce dose frequency to alternate days in severe impairment
* Pregnancy- category B1
* Can be combined with nasal spray and/or eye drops
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| **Indication** | **For treatment of moderate to severe hay fever** |
| **Medicine** | **Fluticasone** 50 microgram nasal spray |
| **Dosage instructions** | Adult and children > 12 years: 100 micrograms (2 sprays) into each nostril ONCE daily, preferably in the morning; when control achieved reduce to 50 micrograms (1 spray) into each nostril ONCE daily.Child 4–12 years: 50 micrograms (1 spray) into each nostril ONCE daily, preferably in the morning, increased to maximum TWICE daily if required. |
| **Route of administration** | Intranasal |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Untreated nasal infectionsFollowing nasal surgery or trauma (until healing has occurred) |
| **Precautions** | * Pregnancy- category B3
* Do NOT use continuously > 6 months
* Full response may take 3-4 days to achieve.
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| **Additional information** | If the patient is compliant with the medication but symptoms are not controlled, consider substitution with another class of medication or addition of a medication in a step wise approach. |
| **Follow-up** | If a patient with moderate to severe hay fever fails to improve after four weeks of adequate treatment (nasal corticosteroids and oral antihistamines), patient compliance or the diagnosis must be re-assessed and review with medical or nurse practitioner for ongoing management. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Seasonal allergic rhinitis – associated with spring and early summer, triggered by pollen (outdoor allergens)Perennial allergic rhinitis – symptoms all year round, triggered by house dust mite, pets and mould (indoor allergens)Occupational rhinitis – symptoms worsened at work, triggered by chemicals, irritants and dustNon-allergic rhinitis – triggered by strong smells, change in temperature, viral infections, pregnancy, hypothyroidism or rarely medications e.g. some antihypertensivesCategory B1 -Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have not shown evidence of an increased occurrence of foetal damage.Category B3 -Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have shown evidence of an increased occurrence of foetal damage, the significance of which is considered uncertain in humans. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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