Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

[illegible]

0 L Q L P L H V L R V J R U F R Q U [illegible] P J D H D V V W U W G X F [illegible] V R P H R S O H
) R U R U P D W H R Q www.allerg [illegible] ts/allergy-treatment/all [illegible] imisation

, IS R O D H Q H W U R V F D Q [illegible] Q W H U V D Q [illegible] W H D
H L Q W U D F R W L F R V W [illegible] Q H G U D Q [illegible] L K & R P L Q G H U

_____

[illegible]

Intranasal corticosteroid spray [illegible]
1 or 2 times/day/nostr [illegible] wee [illegible] s or contin [illegible]
Additional instructions:
or
Combi ed i sal co icoste [illegible] tamine
1 [illegible] es/day/nostri [illegible] eks o [illegible] ths continuou [illegible]
Additio [illegible] uction [illegible]

Note:
‡ , [illegible] 9 97.8735 422.635 [illegible] 800560048>Tj ET BT /S

Q R V W U L O

5. $ L W K Q R]] D Z D \ R P W K P H L G R W H Q R V D Q G L F W R]] O H
L Q W R Q D V S D O V V D Q W K S Z U G Z D W G R Q R V E H K L W Q L Q H
Z L W K U H R R W K P H R X W K
6. $Y R L G L L Q J G X U R Q W H V S L D Q 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 X W U L R U V H G R Q M X Z E W R Q D F W L R O V W H U L R L G

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

Other medications:

[illegible]

, ID O O H U P J H X Q R H U K D V H L Q L H G D F O L Q L P D X Q R O R J V S H F L H W L S R W W R Q W R K Z H
W U H D W H S U H W F & R E H W D X W R F W R X K D H Q X H V W R R Q F H) R U P D W R Q
www.allergy.org.au/patients/allergy-treatment/immunotherapy