



# Clinical Update

## *For Telephone Triage Nurses*

March - April 2008

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### **In this Issue:**

- Allergic Rhinitis in Children and Teens... Pollen is in the Air

### **Key Point:**

- Untreated AR can interfere with school, play, sports and family life.
- It can become incapacitating: nose won't stop running, sneezing fits, coughing fits, bloated stomach from swallowed secretions.

### **Pediatric Triage Guidelines:**

- Eye—Allergy
- Hay Fever

### **Adult Triage Guidelines:**

- Eye—Allergy
- Hay Fever (Nasal Allergies)

### ***Dear Nursing Colleague:***

Allergic rhinitis (AR) is the most common chronic disease of childhood, affecting 15% of children. The main trigger is pollen from the plant kingdom. The rule of thumb for which pollens are in the air is tree pollen in April/May, grass pollen in June/July and weed pollen from August until the first frost.

To obtain a 4 day forecast of pollen counts in your city, go to [www.pollen.com](http://www.pollen.com) and enter your zip code. If it's pollen season, the telephone diagnosis of AR should be easy.

### **Symptoms of Allergic Rhinitis**

During pollen season, the following symptoms are due to pollen allergies until proven otherwise:

- Nose: itchy, watery discharge, sneezing, sniffing and congestion
- Eyes: itchy or burning, pink and watery
- Mouth: itchy soft palate or throat, throat clearing
- Ears: itchy ear canals or ear congestion
- Lower airway: hoarse voice or cough

### **Telephone Management of Allergic Rhinitis from Pollens**

- Oral antihistamines are the mainstay of treatment. They can usually control all of the allergic symptoms listed above.
- First generation antihistamines (e.g., chlorpheniramine/Chlor-trimeton, diphenhydramine/Benadryl) are more effective at controlling AR symptoms than the newer antihistamines (e.g., OTC loratadine/Claritin).
- These older first-generation antihistamines cause sedation in about 60% of patients (but not all). If sedation occurs, sometimes it is temporary (resolved in 1 week) or can be managed by a reduction in dosage or extension of dosing intervals. Chlorpheniramine and diphenhydramine products often can be given at 8 hour intervals.
- Care advice in the pediatric Hay Fever guideline starts with chlorpheniramine. Newer, less-sedating antihistamines are recommended for school-age children or teens who find sedation with first generation antihistamines a problem. For children and teens taking the newer long-acting antihistamines, breakthrough nasal symptoms can almost always be stabilized by a single dose of Benadryl or chlorpheniramine.
- The key to control is giving the antihistamine prophylactically on a daily basis throughout the pollen season rather than intermittently when symptoms peak. The pollen season for most plants lasts about 2 months.
- A bedtime dose of chlorpheniramine or diphenhydramine is helpful for healing the lining of the nose.

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### New OTC Drugs for Allergic Rhinitis

#### CETIRIZINE

(Zyrtec)

#### Oral Antihistamine

- ◆ This antihistamine became OTC in the US in 2008 and can be used in children 6 years and older
- ◆ *Advantage:* Cetirizine causes less sedation than older antihistamines and is long-acting (lasts up to 24 hours).
- ◆ *Dosage:* For 6–12 years old, give 5 mg chewable tablet once daily in morning. For over 12 years old, give 10 mg tablet once daily in morning
- ◆ *Indication:* Age 6 (FDA approved) AND drowsiness from older antihistamines interferes with function
- ◆ *Limitation:* Doesn't control hay fever symptoms as well as older antihistamines.

#### KETOTIFEN

(Zaditor, Alaway)

#### Antihistamine Eye Drops

- ◆ Ketotifen eye drops became OTC in the US in 2007. Currently ketotifen is the most effective OTC eyedrop for seasonal allergic conjunctivitis due to pollens. It should be used on a daily basis during the entire pollen season.
- ◆ *Advantage:* Ketotifen is both an antihistamine (which relieves itching in minutes) and a mast cell stabilizer (which lasts up to 12 hours).
- ◆ *Indication:* Eye allergy symptoms are present continuously and do not respond to oral antihistamines. For intermittent eye allergy symptoms, the antihistamine-vasoconstrictor eyedrops (e.g., Naphcon-A or Visine-A) can be used when needed. The "A" stands for Antihistamine.
- ◆ *Dosage:* 1 drop every 12 hours.

**Summary:** The symptoms of nasal allergies and eye allergies during pollen season can usually be brought under control if OTC meds are used wisely. If not, prescription agents (e.g., steroid nasal sprays or Singulair) can be added to the treatment regimen by the child's primary care physician.

Regards,

Bart Schmitt MD (reflecting on a lifetime of hay fever)

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#### Pollen Avoidance:

- ◆ Stay indoors on windy days
- ◆ Keep windows closed in home, at least in bedroom
- ◆ Keep windows closed in car, turn AC on recirculate
- ◆ Avoid window fans or attic fans
- ◆ Avoid playing with outdoor dog

#### Global Warming:

Because of global warming, the pollen season starts earlier and lasts longer. In addition, pollen counts go higher. Telehealth nurses need to master the management of this under-rated disease

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