Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paediatric Allergic Rhinitis

Author: Dr Bethany Smith, Paediatric Consultant

Contact details: bethany.smith39@nhs.net

Guideline History		
Date	**Comments**	**Approved By**
19/04/2023	First created	Paediatric Guideline Group
19/6/2026	Rialtris nasal spray can now be used in over 12 years	Paediatric Guideline Committee

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Title of Guideline

Introduction

This guideline has been developed to support all clinicians, both allergy specialists and general paediatricians, in managing Allergic Rhinitis, as well as to guide in decision making as to when to investigate or refer in to specialist clinics.

Allergic Rhinitis

- Rhinorrhoea, pruritus (nose, throat, mouth, eyes), nasal congestion (mouth breathing, snoring), sneezing
- Moderate to severe symptoms affect quality of life, school performance and disturb sleep
- Season Allergic Rhinitis – symptoms in Spring/Summer - tree and grass pollens
- Perennial Allergic Rhinitis – symptoms in late Autumn/Winter or all year round – house dust mite, mould, pets
- Many children with asthma have Allergic Rhinitis – treating Allergic Rhinitis can improve asthma control

Treatment

Step up and down to achieve symptom control

Allow 8-12 weeks at each step.

Check compliance and nasal spray technique before escalating (link to nasal spray technique)

- **Step 1 – Allergen Avoidance –** Allergy UK patient info – Allergic Rhinitis leaflet and House Dust Mite leaflet

  Nasal rinsing - with saline solution

- **Step 2 -** **Regular long acting non-sedating antihistamine –**
  - Cetirizine or Loratadine

  OR

  Regular nasal corticosteroid spray

  - Avamys or Mometasone Furoate or Flixonase

Start with antihistamine if pruritus dominant or nasal corticosteroid if congestion dominant

- **Step 3 -** **Regular oral antihistamine and nasal corticosteroid**

- **Step 4** **Switch to 2nd line oral antihistamine**

  - Fexofenadine (from 6yrs)

- **Step 5 -** **Regular nasal antihistamine + corticosteroid spray and oral antihistamine**

  - Dymista nasal spray (from 12yrs) or Rialtris+ Fexofenadine

- **Step 6 -** **Add in Leukotriene receptor antagonist**
  - Monteleukast

- **Step 7 -** **Allergen specific immunotherapy** (not funded on NHS in Surrey CCG)

<u>If eye symptoms</u> – consider sodium cromoglicate eye drops

Who to refer for Skin prick testing

- To aid allergen avoidance
- Diagnostic uncertainty

Who to refer to ENT

- Failed nasal corticosteroid spray + antihistamine for assessment of adenoidal hypertrophy/ consideration of turbinate surgery.
- Suspected Obstructive Sleep Apnoea

2. Supporting References

Ballardini N et al. Allergy 2012;67:537–544.

Silva CHM et al. Braz J Otorhinolaryngol 2009;75:642–649

Walker S et al. J Allergy Clin Immunol 2007;120:381–387.

3. Supporting relevant trust guidelines

2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Dr Bethany Smith
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Paediatric Allergic Rhinitis

Policy (document) Author: Dr Bethany Smith

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Paediatric Guideline Group**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Y**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Y**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**N/A**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Alexandra Jones**	**Date**	**03/07/2026**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			