et al, 2006). The first dose is given under supervision in a setting where airway problems can be dealt with. After that, patients can take it at home. The decision to give immunotherapy rests with healthcare professionals trained in allergy treatment. Anti-IgE medication can reduce asthma symptoms and those of AR (Vignola et al, 2004), but it is expensive and needs to be given by injection so is reserved for severe disease unresponsive to other measures.

REFERRAL
Patients with unilateral disease, blood-stained discharge, pain, suspected structural abnormalities or new polyps should see an ENT surgeon. Orbital cellulitis warrants urgent referral. Rhinitis unresponsive to guidance-directed treatment should be referred to an allergist.

Children suffering from asthma that is difficult to control often have ongoing severe upper airways problems such as polyps or other forms of rhinitis/rhinosinusitis and are frequently allergic, chronically infected or both. Some will have underlying immune deficiencies: these can be innate (cystic fibrosis, primary ciliary dyskinesia) or acquired (hypogammaglobulinaemia, iatrogenic). They should be investigated in joint chest/ paediatric and ENT clinics staffed by both doctors and surgeons.

REFERENCES

Finally, a set of ‘united guidelines’ for both the upper and lower respiratory tract agreed by primary care, asthma, allergy and ENT specialists would be a step forward for integrated patient care.

CONCLUSION
Rhinitis is frequently regarded as unimportant. This is a mistake since the condition not only reduces patients’ quality of life but also leads to asthma exacerbations. Careful and accurate diagnosis and treatment can improve patients’ health and happiness and reduce co-morbidities such as asthma.

Nurses have an important role to play in explaining the treatment options to patients and in showing patients how to use some forms of therapy, as well as in encouraging adherence. ●

FIG 3. USING NASAL SPRAYS

1. Shake bottle well
2. Look down
3. Using RIGHT hand for LEFT nostril put nozzle just inside nose aiming towards outside wall
4. Squirt once or twice (2 different directions)
5. Change hands and repeat for other side
6. DO NOT SNIFF HARD