

**1. Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?**

Ingrid Westergaard, a 35-year-old female client, presents with complaints of sneezing, itchy eyes, coughing, and a runny nose since she moved into a new apartment two months ago. Prior to moving into this new apartment, she stated she only had these symptoms in the spring and fall and when she visited her sister, who owns two cats. On assessment, the provider notices clear nasal drainage and dark circles under the client's eyes. Wheezes are auscultated bilaterally in the client's lungs. She used to use oral second-generation antihistamines, which she said caused bad headaches. She says she has been using saline nasal irrigation, intranasal antihistamine, and her current asthma medications without relief. The provider determines the client is experiencing severe, intermittent allergic rhinitis and considers what additional medications to recommend for symptom relief.

**Past Medical History:** Asthma

**Allergies:** Pollen, Mold, Cats

**Medications:** budesonide 80 mcg/formoterol 4.5 mcg (Symbicort) inhaler two puffs via inhalation as needed, azelastine (Astepro) 0.1% intranasal spray two sprays per nostril twice daily, albuterol (Proventil) inhaler two puffs as needed

**Social History:** She has never smoked cigarettes and drinks alcohol twice a year on special occasions.

**2. Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?**

According to the clinical practice guidelines, the treatment of moderate to severe intermittent allergic rhinitis similarly starts with second-generation oral antihistamines (OAH) or intranasal antihistamines (INAH) as preferred initial treatments. Further choices for initial treatment include intranasal corticosteroids (INCS), a combination of INAH and INCS, or a combination of second-generation oral antihistamines (OAH) and pseudoephedrine (PSE). Leukotriene receptor antagonists are no longer recommended for