**Fluticasone (nasal)**  
(floo-ti-kas-one)

**Action**
Potent, locally acting anti-inflammatory and immune modifier. **Therapeutic Effects:** Decrease in symptoms of allergic and nonallergic rhinitis.

**Pharmacokinetics**
Absorption: 2%; action is primarily local following nasal use. Distribution: Crosses the placenta and enters breast milk in small amounts. Metabolism and Excretion: Rapidly and extensively metabolized by the liver; primarily excreted in feces; 5% excreted in urine. Half-life: 7.8 hr.

**Indications**
Seasonal or perennial allergic rhinitis. Seasonal or perennial nonallergic rhinitis (Flonase only).

**Contraindications/Precautions**
Contraindicated in: Hypersensitivity (Flonase contains alcohol). Use Cautiously in: Active untreated infections; Diabetes or glaucoma; Underlying immunosuppression (due to disease or concurrent therapy); Systemic corticosteroid therapy (should not be abruptly discontinued when intranasal therapy is started); Concurrent use of minocycline, spironolactone, or minocycline (oral or parenteral); OB, Lactation, Pedi: Pregnancy, lactation, or children (safety not established; prolonged or high-dose therapy may lead to complications).

**Adverse Reactions/Side Effects**

**Interactions**
Drug-Drug: Ritonavir and ketoconazole increase metabolism and levels of fluticasone. Concomitant use of ritonavir and fluticasone is not recommended.

**Route/Dosage**
**Intranasal (Adults):** Flonase—2 sprays in each nostril once daily or 1 spray in each nostril twice daily (not to exceed 2 sprays in each nostril/day). After several days, attempt to reduce to 1 spray in each nostril once daily. Patients ≥12 yr with seasonal allergic rhinitis may also use 2 sprays in each nostril once daily; after several days, attempt to reduce to 1 spray in each nostril once daily. **Veramyst**—2 sprays in each nostril once daily or 1 spray in each nostril twice daily; once symptoms controlled, attempt to reduce to 1 spray in each nostril once daily. **Intranasal (Children ≥6 yr):** Flonase—1 spray in each nostril once daily (not to exceed 2 sprays in each nostril/day). **Veramyst**—1 spray in each nostril once daily; may 2 to 3 sprays if no response; once symptoms controlled, attempt to reduce to 1 spray/day.

**NURSING IMPLICATIONS**

**Assessment**
- Monitor degree of nasal stuffiness, amount and color of nasal discharge, and frequency of sneezing.
- Patients on long-term therapy should have periodic endoscopic/examination to monitor nasal mucosa and passages for infection or ulceration.
- Monitor growth rate in children receiving chronic therapy; use lowest possible dose.
- Monitor for signs and symptoms of hypersensitivity reactions (rash, pruritus, swelling of face and neck, dyspnea) periodically during therapy.

**Nursing Considerations**
- Monitor advancing bone age and growth in prepubertal children; patients receiving prolonged or high-dose therapy may lead to complications.
- **CNS** = Central nervous system. **Gastrointestinal** = Gastrointestinal. **OPQRST** indicate 5th-choosing options; indicate most frequent. **Discontinued** = Discontinued.
Potential Nursing Diagnoses

Ineffective airway clearance (Indications)
Risk for infection (Side Effects)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation

Do not confuse Flovent (fluticasone oral inhalation) with Flonase (fluticasone nasal spray).

After the desired clinical effect has been obtained, attempts should be made to decrease dose to lowest amount. Gradually decrease dose every 2–4 wk as long as desired effect is maintained. If symptoms return, dose may briefly return to start dose.

Intranasal: Patients also using a nasal decongestant should be given decongestant 5–15 min before corticosteroid nasal spray. If patient is unable to breathe freely through nasal passages, instruct patient to blow nose gently in advance of medication administration.

Patient/Family Teaching

Advise patient to take medication exactly as directed. Take missed doses as soon as remembered from last almost time for next dose.

Instruct patient in correct technique for administering nasal spray. Shake well before use. Before first-time use, prime unit by spraying 6 times. If not used for at least 7 days or if cap left off for more than 5 days, prime unit. Warn patient that temporary nasal stinging may occur.

Instruct patient to stop fluticasone and notify health care professional immediately if signs of anaphylaxis (rash, hives, difficulty breathing, swollen lips or throat) occur.

Instruct patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.

Instruct patient to notify health care professional if symptoms do not improve within 1 mo or if symptoms worsen.

Evaluation/Desired Outcomes

Resolution of nasal stuffiness, discharge, and sneezing in seasonal or perennial rhinitis.

Why was this drug prescribed for your patient?