













## **Injection Room Protocol**

Before every injection, the nurse should ask the patient the following questions:

What antihistamine did you take?

Was it taken at least an hour ago?

Have you had any recent/current illnesses (i.e. wheezing, fever, acute illness?)

\*If so what?

Are you taking any new medications?

\*If so what?

Are you taking a Beta Blocker (Blood pressure medication?)

Do you have your EpiPen/Auvi-Q?

The patient must be able to tell you the name of the antihistamine they took; if they cannot give you the name of the antihistamine then **DO NOT** administer their injection until they can.

If the patient is asthmatic and has been ill within the last week previous to their injection (i.e. sinus infection, upper respiratory infection, fever, cold, cough, wheezing) they will need to check their peak flows prior to receiving their injection. If they are in the yellow zone, please ask them to return for their injection when they are feeling better.

All patients are required to wait a minimum of **30 minutes** after receiving their allergy injection(s)

All patients are **required** to show you their EpiPen/Auvi-Q. Any patient who does not have their EpiPen/Auvi-Q cannot receive their injection and must return at a later time with it.

**Nurses:** If you have any questions or concerns at all, please contact our office at **405-607-4333**. An inappropriate dose or mistake could result in life threatening episode of anaphylaxis. If an anaphylaxis reaction occurs: administer 0.01mg/kg of Epinephrine intramuscular (thigh) and contact our office immediately after patient is stable.

**Beta (B) Blocker Consent**

Consent to Receive Allergen Immunotherapy Treatment while taking Adrenergic Blocking Agents (Beta (B) Blockers). Patients taking adrenergic blocking agents (Beta (B) Blockers) **may** be at an increased risk when receiving allergen immunotherapy because receptor blockade can make treatment of anaphylaxis (Severe Allergic Reaction) more difficult. Therefore, adrenergic blocking agents are **relatively contraindicated** for Immunotherapy according to the Immunotherapy Practice Parameters.

<b>A List of Beta Blockers</b>	
<b>Brand Name:</b>	<b>Generic:</b>
Betapace	Sotalol
Blocadren	Timolol
Bystolic	
Cartrol	Certeolol
Coreg	Carvedilol
Corgard	Nadolol
Corzide	Nadolol/Bendroflunetazide
Inderal	Propranolol
Inderide	Propranolol/ HCTZ
Kerlone	Betaxolol
Levatol	Penbutolol
Lopressor	Metoprolol
Normodyne	Labetalol
Sectral	Acebutolol
Tenoretic	Atenolol/HCTZ
Tenormin	Atenolol
Timolide	Timolol/HCTZ
Toprol	Metoprolol
Trandate	Labetalol
Visken	Pindolol
Zebeta	Bisoprolol
Ziac	Bisoprolol/HCTZ
<b>Eye Drops Containing Beta Blockers</b>	
<b>Brand Name:</b>	<b>Generic:</b>
Betagan	Levobunolol
AK Beta	Levobunolol
Betoptic	Betaxolol
Optipranolol	Metipranolol
Ocupress	Carteolol
Timoptic	Timolol

Dr. Darter requires that any B-Blocker be discontinued for 36 hours prior to the allergy injection and not resumed until 6-12hours after the injection. I have read, understand, and will follow the requirements of Dr. Darter. All of my questions have been addressed and answered.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Immunotherapy Dosage Adjustment Schedule

**Missed Dose Adjustments:** If a patient misses a scheduled injection, the next dose should be adjusted as below:

**\*\*\*Dose adjustment is measured from the last dose given\*\*\***

### **On “Build up”:**

Days 3-14, Continue on Schedule  
Days 15-28, Repeat Prior Dose  
Days 29-35, Decrease dose by 50%  
Days >35, Consult Physician

### **On Maintenance (1:1) Red Vial:**

#### **1 week Injection Frequency (Remixes/REO):**

Days 3-14, Continue on Schedule  
Days 15-28, Repeat Prior Dose  
Days 29-35, Decrease Dose by 25%  
Days >36, Consult Physician

#### **2-Week, 3-Week, 4-Week Injection Frequency:**

Days 7 to 30-42, Repeat Prior Dose  
Days 43-56, Decrease Dose by 25%  
Days >56, Consult Physician (An appointment will need to be made)

Frequency between shots can be anytime from 1-4 weeks depending on individual patient preference, symptoms or Physician’s Orders. The longest duration between shots 4 weeks (28 days). At 30 days you are considered late for your allergy injection (Always better to come early than late).

If you are frequently or persistently late, OIAA reserves the right to sit down with you and discuss the need and importance for compliance (Following the rules set forth in your original consent form when allergy shots were started)—It is our obligation to you as your provider.

**For your safety, if you are over 40 days past due for an allergy injection, have not been seen recently by a provider (according to Follow Up instructions on last visit) and no appointment has been scheduled to be seen, you will need to make an appointment to see a provider in order to restart immunotherapy (Allergy Shot**



**AUTHORIZATION TO REFILL/PREPARE ALLERGEN EXTRACT**

1810 E. Memorial Rd.

Oklahoma City, OK 73131

P: 405-607-4333 F: 405-607-4404

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Witness: \_\_\_\_\_

I hereby authorize the Oklahoma Institute of Allergy and Asthma (OIAA) to prepare allergen extract for allergy immunotherapy for patient listed above

- **I UNDERSTAND THAT OIAA REQUIRES PAYMENT OF SERUM PRIOR TO MIXING.**
- I understand that OIAA files charges with my insurance carrier and that I am responsible for payment of all charges not covered by my insurance.
- Extract that is mailed to a patient or facility administering the injections require postage payment in advance of shipment. I understand that OIAA will not be held responsible for any loss/damage of mailed serum.

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Circle One: Patient to pick up serum   Serum to be mailed   Injections Administered at OIAA

Address if being mailed: \_\_\_\_\_

**\*Attention providers administering injections outside of this office please fax injection records to 405-607-4404**

**FOR OFFICE USE ONLY**

For refills only: please mail or fax the following form to OIAA when your vial is half empty

Out of serum refill concentrate (within 3-5 yrs. of treatment period)

Patient behind (illness, noncompliance, uncontrolled asthma, etc.)

Make new dilution:      1:10    1:100    1:1000

New skin test/new sensitivities/patient clinically not controlled (asthma or allergy)/revised extract order

Number of vials:    1        2        3        10cc vials        5cc vials

Rush Set:            5 dilutions        \_\_\_\_\_ number of doses

Slow or Regular Cluster Set:    5        dilutions

Last SPT: \_\_\_\_\_

Date Remixed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**Dear Nursing Staff:**

\_\_\_\_\_ has indicated a desire to receive allergy injections at your office. Instructions for your personnel are as follows:

**1. Storage of Extract:** Allergy extracts should be kept refrigerated. Avoid extreme heat or freezing.

**2. Physician coverage:** A physician MUST be in attendance at all times when injections are administered to provide medical emergency treatment if necessary.

**3. Identification of patient:** The patient should be correctly identified prior to the injection by confirmation of first and last name and date of birth. Patients should visually inspect their own vial(s) for identification purposes before receiving an injection.

**4. How to administer:** Use sterile precautions when administering the injection. Use a 1cc allergy syringe with a 1/2 inch 26-27 gauge needle. The injection should be administered subcutaneously, after slight retraction of the plunger (to avoid intravenous administration) in the lateral aspect of the upper arm. If blood appears with retraction of the plunger, remove immediately and repeat the procedure. The normal injection angle is 90 degrees. As the needle is removed, press the injection site to prevent leakage through the needle tract. Do not massage the area. **MAKE SURE THE PATIENT HAS TAKEN AN ANTIHISTAMINE PRIOR TO THE INJECTION.**

**5. DOSAGE AND DOCUMENTATION:** Record, date, dilution, dosage, injection site (Left, Right, or both arms), peak flow (if applies to patient), reaction (if any), administering nurses initials, antihistamine taken, and EpiPen/Auvi-Q expiration date. Patients on build-up will begin injections at the most diluted concentration and progress to the next higher concentration after receiving the scheduled doses and tolerating those well. Patients should fill out Extract Remix Authorization consent that is attached in this Off Campus packet, then it should be faxed back to OIAA at **405-607-4404**, when vials are LOW not EMPTY. There is a two week turnaround time on mixing and mailing serum. For timely return please do not wait until vials are empty.

**6. WHEN TO ADMINISTER:** Injections may be administered 1-2 times weekly, allowing at least 72 hours between injections until the patient reaches their target dose. At the target dose, the patient should NOT receive injections more frequently than once a week (7 days). At that time they may spread their injections if they choose as follows:

(Once target dose is given, injections are given every 2 weeks for three visits, then every 3 weeks for three visits and then every 4 weeks.) An injection 1-4 weeks is acceptable based on patient preference.

**7. WHEN NOT TO ADMINISTER AN INJECTION:** Patients should not receive injections if they have a fever >100 degrees, cough, increased asthma symptoms, or if they have received an immunization within the last 24 hours. **(Except for the flu vaccine, which can be administered on the same day)**

**8. OBSERVATIONS:** Patient must remain in the office for 30 minutes after receiving their injection(s). Injection site must be inspected prior to patient's departure from the clinic.



## Anaphylaxis: Recognition & Management Guidelines (Signs & Symptoms)

Every member of the office staff, including physicians, nurses, technicians, and physician surrogates, and front office personnel, should be familiar with these signs and symptoms of an anaphylactic reaction. (It is often the staff in closest contact with the waiting room that will see the early signs of a systemic reaction)

<u>System:</u>	<u>Reaction:</u>	<u>Symptoms:</u>	<u>Signs:</u>
<b>Respiratory:</b>	Rhinitis	nasal congestion, itching, sneezing, clear rhinorrhea	mucosal edema
	Laryngeal Edema	dyspnea, hoarseness, dysphasia, stridor, "lump in throat"	glottis edema, cyanosis
	Bronchospasm	cough, dyspnea, chest tightness	cough, wheezing, tachycardia, retractions
<b>Cardiovascular:</b>	Hypotension	lightheadedness, syncope, "sense of impending doom"	hypotension, tachycardia, cold, clammy
	Arrhythmia	palpitations, syncope	irregular rate, rhythm
	Cardiac Arrest	LOC/COMA, apnea	absent pulse
<b>Skin:</b>	Urticaria	pruritus, flushing	wheal and flare
	Angioedema	swelling	skin/structure edema
<b>Gastrointestinal:</b>	Bowell Wall Edema	nausea/vomiting, abdominal cramping, diarrhea	loose stools (may be bloody)
<b>Ocular:</b>	Conjunctivitis	ocular itching, lacrimation	conjunctival injection/edema, tearing, itching
<b>Miscellaneous:</b>	Uterine Contractions	cramping	
	Bladder Contractions	urgency/loss of control	