DALLAS ALLERGY & ASTHMA CENTER

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ALLERGY EXTRACT RE-ORDER FORM (Mail Out)

An office visit (AT LEAST ONCE A YEAR) is required to continue current Immunotherapy and for the renewal of any allergy/asthma medications.

To re-order extract for allergy injections please complete all information below and mail or fax both sides of this form, **at least THREE WEEKS before new extract is needed. TELEPHONE ORDERS WILL NOT BE ACCEPTED!!!!!!!!!** Thank you for your cooperation to assure a continuous schedule. When faxing, please include **FRONT AND BACK** of this form.

Patient Name: _____ Date of Birth: _____

Current Insurance: _____ Insurance ID # _____

I authorize Dallas Allergy & Asthma Center to order and prepare my allergy extract. I understand my account will be charged and insurance filed for these vials. I am required to provide DAAC with my current insurance care so my extract can be filed accordingly. I understand that I am responsible for all co-pays/co-insurance/deductibles that may be collected and applied in the making of this extract. With this knowledge, I request the vials to be ordered and prepared for me.

(* Required) Signature of Patient/Guardian: _____

Date: _____ Phone # (_____) _____ - _____ Ext: _____

Please circle the vial(s) you need

Vial 1 needed: 1:100 1:10 FS

Vial 2 needed: 1:100 1:10 FS

Vial 3 needed: 1:100 1:10 FS

Injections are given every_____ days. Volume of last injection was _____ ml.

Is the patient having any reactions to the injections? Yes No
If yes, please describe _____

(* Required) Facility where patient is receiving injections: _____

Address for mailing extract: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (_____) _____ - _____

(* Required) Name of medical personal administering injections: _____

5499 Glen Lakes Dr, Suite 100 ● Dallas, TX 75231 ● Phone: (214) 691-1330 ● Fax: (214) 691-6405 ● www.dfwallergy.com

GENERAL INSTRUCTIONS

Keep extract vials refrigerated. Avoid extreme temperatures. Do not use after expiration date. A PHYSICIAN MUST BE AVAILABLE AT ALL TIMES WHEN INJECTIONS ARE GIVEN.

INSTRUCTIONS FOR GIVING ALLERGY INJECTIONS

Use a disposable allergy syringe and a 26-gauge 3/8 inch needle. Observe sterile technique. Check vial for the correct patient's name, date of birth and dilution. Ask pt if there were any problems with the previous injection, then select dose accordingly. Give injection subcutaneously in the back portion of the upper arm. Gently draw back the plunger. If blood appears, discard dose, draw a new dose, and select another site for the new injection. Slowly inject the extract, withdraw the needle, and apply pressure over the injection site for 15 to 20 seconds. **ALL PATIENTS SHOULD BE OBSERVED FOR 30 MINUTES AFTER EACH INJECTION.**

PRECAUTIONS

NEVER give an allergy injection unless aqueous 1:1000 Epinephrine and an extra syringe are available, along with the appropriate resuscitation capabilities (see below). The patient should avoid vigorous exercise for one hour before and two hours after an allergy injection. Do not give the injection if the patient is having acute or severe allergy symptoms, wheezing or fever > 99.5 degrees. Do not administer allergy injections to patients who are on beta-blockers without the physician's prior consent. When administering allergy injections, there is always a danger of allergic reactions. In an acute systemic reaction, varying degrees of itching (throat, skin, groin, palms of hands, soles of feet, skin, etc.), sneezing, coughing, nasal congestion/drainage, throat tightness and wheezing may occur. At the first sign of a systemic reaction, give AT ONCE 0.20cc to 0.30cc of 1:1000 Epinephrine intramuscular in the opposite arm from the allergy injection. (In children use 0.15cc to 0.20cc) This dose may be repeated twice at 5-10 minute intervals up to a three dose total. A short-acting antihistamine should be given by mouth or by injection. Further emergency measures should be at the discretion of the attending physician.

EMERGENCY EQUIPMENT & MEDICATIONS (Crash Cart Supplies)

Adequate equipment and medications should be immediately available to treat anaphylaxis, should it occur. This should include at least the following equipment and reagents: 1) stethoscope, 2) sphygmomanometer, 3) tourniquets, 4) syringes, 5) large bore (14 gauge) needles, 6) epinephrine 1:1000, 7) oxygen, 8) equipment for administering intravenous fluids,
9) oral airways, 10) antihistamine for injection, 11) corticosteroid for intravenous injection, and 12) vasopressor.

RECORD DATE, DOSAGE AND ANY REACTION ON THIS SHEET

At the end of 30 minutes, check the injection site and record any local reaction in terms as listed below. Then note instructions for the next dose. (If a dose is repeated, record in remarks column)

1+ (size of a nickel) - Proceed to the next scheduled dose in one week.

2+ (size of a quarter) - Repeat this dose on subsequent weekly injections until this reaction decreases in size; then increase the dose.

3+ (larger than a quarter) - Drop back 1-2 doses and give weekly for 2 injections, and if no reaction, increase the dose as scheduled.

4+ (a systemic reaction) - If a systemic reaction occurs, please contact us for instructions before going ahead with subsequent injections. Should an excessive local reaction or aggravation of the patient's symptoms occur within 24 hours following an allergy injection, reduce the next dose by 50%, and then increase the dose as tolerated.

SCHEDULE FOR GIVING ALLERGY INJECTIONS

An allergy injection should be given every _____ days until a maintenance dose is reached, then may be given every _____ days at the maintenance dose.

If an allergy injection is missed and more than two intervals have elapsed, drop back two doses. If a longer interval, contact our office for further instructions.

VIAL: _____

DATE	DOSE	AMOUNT GIVEN	REACTIONS/REMARKS

To reorder allergy extract, fill in the front of this injection record & fax or mail BOTH sides to our office.

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