

Patient _____
DOB _____
MRN _____
Date _____



Thank you for agreeing to participate in the co-management of our mutual patient during the course of their immunotherapy injections!

Please acknowledge that your facility has the recommended equipment and medications to treat immunotherapy systemic reactions by completing this form and returning it by fax to **501-420-1457**.

Adequate equipment and medications should be immediately available to treat anaphylaxis, should it occur. The following are suggested equipment and medications for the management of immunotherapy systemic reactions. Modifications of this suggested list might be based on anticipated emergency medical services' response time and physician's/practitioner's airway management skills. Please check each item below that is available in your facility.

- Stethoscope and sphygmomanometer
- Tourniquet, syringes, hypodermic needles, and intravenous catheters (e.g., 14-18 gauge)
- Aqueous epinephrine HCL 1:1,000 wt/vol
- Equipment to administer oxygen by mask
- Intravenous fluid set-up
- Antihistamine for injection (second-line agents for anaphylaxis, but H1 and H2 antihistamines work better together than either one alone)
- Corticosteroids for intramuscular or intravenous injection (second-line agents for anaphylaxis)
- Equipment to maintain an airway appropriate for the supervising physician's expertise and skill

Source: Lieberman P, Nicklas RA, Oppenheimer J, et al. The diagnosis and management of anaphylaxis practice parameter: 2010 update. J Allergy Clin Immunol 2010;126:477-80, e1-42.

Please check that your facility agrees to administer Epinephrine at the onset of any signs of a systemic reaction following administration of an allergy injection with:

- (a) Epinephrine 0.3 cc of 1:1,000 IM for patients over 60 pounds, or
- (b) Epinephrine 0.15 cc of 1:1,000 IM for patients under 60 pounds.

Also, please have patient wait at your facility for thirty (30) minutes after each injection report any reactions to Advanced Allergy & Asthma.

Facility _____
Address _____

Advanced Allergy & Asthma Referring Physician:

D. Melissa Graham, M. D.

Practitioner in charge:

Signature

Date

Printed Name

500 South University, Suite 215

Little Rock, AR 72205

Phone: 501-420-1085

Fax: 501-420-1457

Date

(The above is a recommendation by the American Academy of Allergy, Asthma & Immunology based on current practice parameters regarding immunotherapy received outside a prescribing allergist's office.)