APPENDIX 10. Allergen immunotherapy administration form recommended documentation

The purpose of the allergen immunotherapy administration form is to document the administration of the allergen immunotherapy extract to a patient. Its design should be clear enough so that the person administering an injection is unlikely to make an error in administration. It also should provide documentation in enough detail to determine what was done on each visit. The following recommendations on allergen immunotherapy are taken from The Joint Task Force on Practice Parameters.

Patient information:

- Patient's name, date of birth, telephone number, and patient's picture (optional but helpful).

Allergen immunotherapy extract information:

- Allergen immunotherapy extract name and dilution from maintenance in vol/vol bottle letter (eg, A and B), bottle color, or number, if used.
- Expiration date of all dilutions.

Administration information in separate columns:

- Date of injection.
- Arm administered injection, which might facilitate determination of exact cause of local reaction.
- Projected build-up schedule.
- Delivered volume reported in milliliters.
- Description of any reactions. The details of any treatment given in response to a reaction would be documented elsewhere in the medical record and referenced on the administration form.
- Patient's health before injection. This can be performed through a verbal or written interview of the patient before administering the immunotherapy injection. The patient should be questioned about increased asthma or allergy symptoms, b-blocker use, change in health status (including pregnancy and recent infections), or an adverse reaction to a previous injection (including delayed large local reactions persisting through the next day). Patients with significant systemic illness generally should not receive an injection.

- Antihistamine use. Antihistamines are frequently a component of an allergy medication regimen, and it would be important to note whether a patient is taking an antihistamine on the day he or she receives his or her immunotherapy injection. For consistency in interpretation of reactions, it might be desirable for a patient to either take or avoid antihistamines on a regular basis on the days he or she receives immunotherapy. The physician should note on the form whether he or she recommends the patient consistently take an antihistamine on immunotherapy treatment days.
- Peak flow reading. Consider obtaining a peak expiratory flow rate measurement before administering an immunotherapy injection to asthmatic patients. Poorly controlled asthma is considered a risk factor for immunotherapy. Obtaining a peak expiratory flow rate measurement before the immunotherapy injection might help identify patients with symptomatic asthma. The patient's baseline peak expiratory flow rate should be provided on the form as a reference. Health care professionals administering immunotherapy injections should be provided with specific guidelines about the peak expiratory flow rate measurement for when an immunotherapy injection should be withheld and the patient referred for clinical evaluation.
- Baseline blood pressure. It might be useful to record the patient's blood pressure as a baseline for future reference.