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 based on the Joint Task Force on Practice Parameters Allergen Immunotherapy; A Third Update.

- **Patient information:**
  - Patient name, date of birth, telephone number, patient’s picture (optional but helpful)

- **Allergen immunotherapy extract information:**
  - Allergen immunotherapy extract name and dilution from maintenance in volume per volume bottle letter (e.g., A, B), bottle color or number if used
  - Expiration date of all dilutions

- **Administration information in separate columns**
  - Date of injection
  - Arm administered injection may facilitate determination of exact cause of local reaction.
  - Projected build-up schedule
  - Delivered volume reported in milliliters
  - Description of any reactions should be noted on the form. 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 prior to injection:** An assessment of the patient’s current health status should be made before administration of the allergy immunotherapy injection to determine whether there were any recent health changes that might require modifying or withholding that patient’s immunotherapy treatment. This can be performed through a verbal or written interview of the patient prior to administering the immunotherapy injection. The patient should be questioned about increased asthma symptoms, beta-blocker use, change in health status (including pregnancy and recent infections), or an adverse reaction to 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 if a patient is taking an antihistamine on the day they receive their immunotherapy injection. For consistency in interpretation of reactions, it may be desirable for a patient to either take or avoid antihistamines on a regular basis the days they receive
immunotherapy. The physician should note on the form if he/she recommends the patient consistently take an antihistamine or another premedication regimen on immunotherapy treatment days.

- **Peak flow reading:** Poorly controlled asthma is considered a risk factor for immunotherapy. In addition to assessing asthma symptoms, consider obtaining a PEF for patients with a history of asthma before administration of the injection. The intention of assessing PEF is to alert the provider to the need for a more in-depth assessment of asthma control. 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. The patient’s baseline peak expiratory flow rate should be provided on the form as a reference. If the PEF is substantially reduced compared with the patient’s baseline value, the clinical condition of the patient should be evaluated before administration of the injection.

- **Baseline blood pressure:** it may be useful to record the patient’s blood pressure as a baseline for future reference.