

Pediatric & Adult Asthma and Allergy, P.C.

Joe B. LaRussa, M.D.

Diplomate of The American Board of Allergy and Immunology
Board Certified in Allergy and Immunology

Attn: Physicians/Nurses:

Our Patient John Carter Burns will be receiving allergy injections at your facility. Please advise the patient/parent if you do not have Epinephrine 1:1000 (1mg. /ml) available for immediate use in the event of a systemic reaction. Our patient must contact our office prior to any injections given if an Rx is needed for an Epi-Pen.

Thank you for your assistance in this matter! If you should have any further questions, please feel free to contact our office at (205)933-5599.

Sincerely,

Joe B. LaRussa, M.D.

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ALLERGY INJECTION INSTRUCTIONS

Enclosed you will find: (1) general information about the injections (2) a dosage schedule for injections (3) an extract reorder form.

General Information

Injections should be given in a physician's office (while a physician is present in the office) weekly unless otherwise instructed on the dosage schedule.

The vials must be kept refrigerated, but must not be allowed to freeze. If even partial freezing occurs, extract must be discarded and a new supply requested. Solutions lose potency when left standing at room temperature for prolonged periods and deteriorate rapidly if exposed to direct sunlight or hot temperatures.

If injections are missed and no reaction followed the last administered injection, please follow this guideline. If the patient misses the scheduled injection by:

One week: repeat last dose

Two weeks: reduce to previous dose

Three weeks: call our office

Always question the patient before each injection regarding delayed local and systemic reactions that may have occurred after the last injection. It is beneficial for the patient to have taken an antihistamine prior to the injection. Patient should not have any strenuous exercise one hour before or two hours after the injection. All current medications or changes in medications made by *any* physician should be noted. Please notify this office of pregnancy.

Please notify this office at least two weeks in advance if new vials of allergy extract are needed. Re-order forms should be sent to our office when the patient has only two injections left in the maintenance vial. The nurse should be able to send in the re-order form when the vial is low.

Do not continue using the extract after the expiration date on the label.

Patients should return to our office for a follow up visit in 3 months after beginning immunotherapy and thereafter every 6 months.

The average length of time for inhalant immunotherapy is 3-5 years, and venom immunotherapy at least 5 years.

Injections should be postponed in the presence of fever, infections or severe respiratory/asthma symptoms.

Do not administer allergy injections the same day as other injections (flu, tetanus, or other types of immunization) are given because should there be an allergic reaction, it would be impossible to determine which injection caused the reaction.

If the patient is having recurring problems with reactions to the injections, please send a copy of the dosage schedule and the extract with the patient when they return to our office so that we can evaluate the current treatment.

**2908 Central Avenue, Suite 100
Homewood, AL 35205**

PROCEDURE FOR INJECTIONS

Check the concentration on the vial to be sure the correct extract and dose are being given. Do not shake before administering. Mix by rocking or swirling.

Please observe the expiration dates on the vials.

Allergy extracts should be given subcutaneously in the posterior-lateral aspect of the arm halfway between the shoulder and elbow, using a tuberculin syringe with a 27 gauge $\frac{1}{2}$ inch needle. Although these injections are subcutaneous, it is best to give the injection at a 90° angle (straight in) instead of the standard 45° angle. This decreases the chance of the serum staying local and causing a large local reaction.

The plunger of the syringe should be retracted before giving the injection, and if blood is aspirated, the needle should be withdrawn and a new site selected.

If the patient is receiving one injection, alternate arms each week. If the patient is receiving 2-3 injections, give vial 1 in the left arm and vials 2 and 3 in the right arm.

The patient must remain in the office 20 minutes after the injection and should be observed for any reaction.

Reactions:

Local - May be immediate or delayed, and involve only the area surrounding the injection site. Some minor degree of local swelling (5-10 mm) and itching is not uncommon. If a lump or wheal greater than 1" occurs, return to the last dose which caused no reaction. If a lump or wheal 2" or larger or a systemic reaction occurs, give $\frac{1}{2}$ the last dose. With a large local reaction an icepack should be applied to the site and an oral antihistamine given providing the patient has not taken one prior to the injection.

Do not increase any dose which causes a large skin reaction, hives, rhinitis, or asthma.

If there is any question whether or not to increase the dosage, repeat the previous dose.

Systemic- Generalized reactions can produce any of the following: sneezing, post nasal drainage, "runny nose", "stuffy nose", itchy and/or watering eyes, redness of eyes, headache, chest tightness, coughing, wheezing, flushing of the face or other areas of the body, itching or hives. In severe cases, shock and laryngeal edema may result.

Aqueous epinephrine 1:1000 should always be available for instantaneous use.

If a systemic reaction does occur, a tourniquet should be placed above the site of the injection. Epinephrine 1:1000, 0.15cc should be given to a child less than 40 lbs. And 0.3 cc to anyone over 40 lbs. Epinephrine can be given every 10-15 minutes as needed up to three doses.

Medications known as "Beta -Blockers" may make allergy injections unsafe by blocking the action of medications used to treat injection-related reactions. Beta-blockers are used to manage medical conditions such as angina (chest pain), high blood pressure, migraine headaches, essential tremor (trembling), or glaucoma (increased eye pressure). If at any time during immunotherapy a patient is taking a beta-blocker, the patient should not receive any more allergy injections, and this should be discussed with our office before continuing the allergy shots. Included are some of the medications we need to be aware of.

BETA- BLOCKERS

Betaloc
Betapace
Blocadren
Cartrol
Corgard
Inderal & Inderal LA
Kerlone
Levatol
Lopressor
Sectral
Tenormin
Toprol
Visken
Zebeta
Brevibloc
Betoptic
Timoptic
Corzide
Inderide & Inderide LA
Lopressor HCT
Timolide
Ziac

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EXTRACT ORDER FORM

****WHEN THE PATIENT HAS APPROXIMATELY 3 INJECTIONS REMAINING IN THEIR VIAL, PLEASE FILL OUT THIS ORDER FORM AND MAIL TO THE ADDRESS LISTED BELOW.**

Date: _____

*****PLEASE NOTIFY HANGE
OF INSURANCE!!!**

Patient Name: _____

New Ins. _____

D.O.B. _____

Physicians Mailing Address:

(ALLOW 2 WEEKS FOR DELIVERY - NO PHONE ORDERS)

Vial # 1

Strength (w/v) _____

Last Dosage Amount: _____

Date of Last Injection: _____

Reactions: _____

Vial # 2

Strength (w/v) _____

Last Dosage Amount: _____

Date of Last Injection: _____

Reactions: _____

Vial # 3

Strength (w/v) _____

Last Dosage Amount: _____

Date of Last Injection: _____

Reactions: _____

Mail or Fax To:

2908 Central Avenue

Suite 100

Homewood, Al 35209

Fax # 930-2611

Please enclose \$5.00 with order if extract is being mailed!!

CHECK APPROPRIATE BOX: MAIL EXTRACT _____ PICK-UP EXTRACT _____

**2908 Central Avenue, Suite 100
Homewood, Al 35209**

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INJECTIONS ADMINISTERED AT AN OUTSIDE MEDICAL FACILITY

Please complete the following if the allergy extract will be administered at an outside facility.

I have read all of the information on allergy injections, and I agree that I will not attempt to administer my extract to myself nor will I permit anyone who is not a licensed physician or under the supervision of a licensed physician to administer these extracts.

When I take my extracts from the office of Dr. LaRussa, I assume all responsibility for my care, and absolve Dr. LaRussa and any/all of the staff at Pediatric & Adult Asthma and Allergy, PC for any reaction I should have regardless of who administers my allergy injections.

John Carter Burns (12-22-94) 01-20-17
Print Name of Patient Date

Carter Burns
Signature of Patient (or parent if patient if a minor) Date

Printed Name of Witness Signature Date

Facility where injections will be administered:

Auburn Univ. **AUBURN UNIVERSITY MONTGOMERY**
334-244-3281 **STUDENT HEALTH CENTER**
Fax 334-244-3396 **IRMA B. MOORE HALL RM. 102**
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

Carol Stewart, CRNP
Printed Name of Attending Physician

C. Stewart 1-31-17
Signature of Attending Physician Date

2908 Central Avenue
Suite 100
Homewood, AL 35209
Tel: 205-933-5599 FAX 205-930-2611

PEDIATRIC & ADULT ASTHMA & ALLERGY, P.C.

JOE B. LARUSSA, M.D.

LIC. # 16064

ASHLEY K. HAWKINS, C.P.N.P., -P.C.

RX# 2315

2908 CENTRAL AVENUE, SUITE 100

HOMEWOOD, AL 35209-2578

(205) 933-5599

NAME John Carter Burns DOB 12-22-94
ADDRESS _____ DATE 01-20-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

may continue to
use expired vials
Do not skip doses.

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ Label

Refill NR 1 2 3 4 5

Joe Blum MD

PRODUCT SELECTION PERMITTED



000205

DISPENSE AS WRITTEN

6IAL0155081