## Karle Medical Group, P.C.

455 Barclay Circle, Suite D Rochester Hills, MI 48307 T: 248-852-9596 | F: 248-852-9596

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## Allergy Injection Patient/Provider Agreement

For the safety of our patients, we have developed an allergy injection protocol that has a number of requirements for our patients.

- 1) Patient Office Visit Requirement
  - a. First allergy injection at Karle Medical Group requires an office visit with a doctor specifically to address the allergy injection, regardless of last Karle Medical office visit date
  - b. Doctor to review your injection material, dosage and history of reactions
  - c. Involve the doctor in the overall plan so future injections are overseen by the original doctor
- 2) Scheduling Requirement
  - a. Subsequent injections must be scheduled at least 1 hour before the last patient of the day
- 3) Patient Requirements for the extracts
  - a. Your full name must appear on the vial(s)
  - b. The strength, contents and expiration date of the allergen extracts must be on the vial and on the injection record
  - c. All extracts vials received by Karle Medical Group must be cool-to-touch. We will not accept extract vials that are at room temperature or warmer as the integrity of the extract maybe affected
- 4) Karle Medical Group requirements for the serum
  - a. Extracts will be kept in the refrigerator, unless otherwise indicated, marked with your name
- 5) Karle Medical Group responsibility for serum
  - a. Karle Medical Group cannot be held responsible for replacing serum lost
    - i. Due to power outages
    - ii. Due to reactions that require termination of injection treatment
    - iii. Due to extended periods of patient non-compliance, rendering the serum expired
- 6) Required documentation from your allergist
  - a. Dates and dosages of injections administered prior to coming to Karle Medical Group
  - b. Schedule and dosage program to be followed for subsequent injections
  - c. A list of standing orders with instructions for starting a fresh vial of extract and for management of missed injections or deviations from the indicated schedule
  - d. Allergists contact information
    - i. For reporting reactions
    - ii. Instructions to be given to you in the case of a spectrum of reactions
- 7) During visits you should expect
  - a. When you come to the office, check in the front desk in the waiting room
  - b. You should not receive an allergy injection(s) if you
    - i. Have become pregnant and have not informed your allergist
    - ii. Have a fever or extended illness

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- iii. Are wheezing, short of breath, or having exacerbation of asthma symptoms
- iv. Are taking a Beta-Blocker or a drug containing a Beta-Blocker
- v. If your allergist requires you to pre-medicate before your injection and you have not done so this will require a rescheduling of your appointment
- 8) After receiving injections, what you should expect
  - a. You must wait 30 minutes and have the injection site checked by the nurse for any reactions before leaving the clinic
  - b. Due to the importance of this safety policy, if you fail or decline to follow this policy, we can no longer provide your injections.
- 9) Reaction Check
  - a. Notify your medical assistant if you experience any of the following after receiving your injection
    - i. Runny nose
    - ii. Wheezing
    - iii. Sneezing
    - iv. Flushing
    - v. Hives
    - vi. Coughing
    - vii. Itching
    - viii. Facial swelling
    - ix. Anxiety
    - x. Shortness of breath
  - b. Avoid rubbing or scratching the arm in which you received the injection
  - c. Upon leaving the office
    - i. Avoid vigorous exercise
      - 1. 2 hours before injection
      - 2. 2 hours after injection
    - ii. If you have any reaction when you leave the office
      - 1. Take an antihistamine
        - a. Claritin
        - b. Zyrtec
        - c. Allegra
        - d. Benadryl
      - 2. Record the time that the reaction occurs and how long it lasts
      - Contact the Karle Medical Group during office hours as early as possible thereafter
      - 4. If the symptoms worsen proceed to the nearest emergency room or call 911

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Printed Patient Name		Date	_
 Patient Signature			_