

TUCSON EAR NOSE AND THROAT

****THE MAXIMUM DOSAGE A PATIENT CAN RECEIVE IS .50mL****

ALLERGY DEPARTMENT

2121 N. Craycroft Rd Bldg 5

TUCSON, AZ 85712

Phone: (520) 296-8500 ext 1118

Fax: (520) 296-8025

PATIENT: _____

DOB: _____

DOCTOR: _____

VIAL#1: _____

VIAL#2: _____

VIAL#3: _____

VIAL#4: _____

VIALS EXPIRE: _____ Increase by: _____ INCREMENTS ONLY

INDIVIDUAL DOSAGE SHEET

PLEASE READ BEFORE GIVING INJECTIONS

MAX DOSE: 0.5ML

Last Injection: _____

GIVE INJECTIONS SUBCUTANEOUSLY AT A 90 DEGREE ANGLE WITH A 3/8 INCH NEEDLE.

ALWAYS ASPIRATE BEFORE PUSHING ANTIGEN INTO SKIN TO MAKE SURE ANTIGEN WILL NOT BE GIVEN INTO A BLOOD VESSEL. ONLY GIVE INJECTIONS IN LATERAL UPPER ARMS.

HAVE PATIENT ALWAYS WAIT 30 MINUTES IN OFFICE AFTER EACH INJECTION AND CHECK ARMS BEFORE THEY LEAVE TO SEE IF PATIENT HAS A REACTION.

ALWAYS KEEP ANTIGENS REFRIGERATED. INJECTIONS SHOULD NEVER BE GIVEN WHEN PATIENT IS SICK (COLD/FLU/FEVER), OR HAS ANY OTHER TYPE OF INJECTION THE SAME DAY.

PLEASE ALWAYS CHECK DOSAGE SCHEDULE INCLUDED FOR DOSAGE AMOUNTS

<u>DATE</u>	<u>VIAL1</u>	<u>ARM</u>	<u>VIAL2</u>	<u>ARM</u>	<u>VIAL3</u>	<u>ARM</u>	<u>VIAL4</u>	<u>ARM</u>	<u>COMMENTS/REACTIONS:</u>	<u>Do not exceed .50ml</u>

***IF SYSTEMIC/ANAPHYLACTIC REACTION GIVE .30CC 1:1000 EPINEPHERINE FOR ADULTS;
.15CC 1:1000 EPINEPHERINE FOR CHILDREN***

BEFORE VIALS ARE EMPTY AND/OR WHEN PATIENT REACHES .50mL (UNLESS THEY ARE AT MAINTENANCE)

PLEASE FAX BACK TO OFFICE WITH REFILL CONSENT

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Please discard old vials once new vials are received