

**ALLERGEN EXTRACT RELEASE FORM  
THE TANKERSLEY CLINIC**

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**ALLERGY, RESPIRATORY AND SKIN CARE**



Before releasing Allergy Immunotherapy Treatment Kits made in the office of Dr. Mike Tankersley, this form must be completed by the physician or mid-level provider administering the patient's immunotherapy. Dr. Tankersley often receive requests for patients to receive allergy injections outside his clinic. We hope this information will clarify his position for allergy injections administered outside his clinic.

Allergy injections (immunotherapy) are intended to reduce rhinoconjunctivitis (nasal and eye symptoms), asthma, atopic dermatitis (eczema) related to allergens and/or venom allergy. Although care and precautions have been taken, significant reactions may occur after the injection of materials to which the patient is allergic. Reactions may be local swelling, hives, sneezing, watery eyes or nose, sneezing, tightness of the chest, hoarseness, coughing, GI symptoms, lightheadedness, hypotension and, in rare cases, death. Less severe reactions may involve only local itching and redness at the injection site. Ninety per cent of severe reactions occur within 30 minutes but may occur hours later. Thus, we require that patients remain in the clinic for 30 minutes following an allergy injection.

National immunotherapy practice parameters recommend allergy injections not be provided outside a clinic/hospital setting equipped to handle potential life-threatening reactions. Even though severe reactions to allergy immunotherapy are infrequent, they are unpredictable and may occur without warning. Therefore, proper equipment and a trained physician or licensed physician extender (nurse practitioner or physician assistant) must be available when allergy injections are given. As long as a treatment facility has equipment and personnel to handle such reactions, Dr. Tankersley will provide extracts for his patients to receive immunotherapy outside his clinic. Suggested equipment by national immunotherapy practice parameters includes: stethoscope and blood pressure cuff; tourniquet; syringes; hypodermic needles; IV catheters (e.g. 14-18 gauge); aqueous epinephrine HCL 1:1,000 (1 mg/mL); equipment to administer oxygen by mask; IV fluid set-up; antihistamine for injection (2<sup>nd</sup>-line agents for anaphylaxis but H1 and H2 antihistamines work better together than either one alone); corticosteroids for intramuscular or intravenous injection (2<sup>nd</sup>-line agents for anaphylaxis); equipment to maintain an airway appropriate for the supervising physician's or licensed physician extender's expertise and skill. Modifications of this suggested list might be based on anticipated emergency medical services' response time and physician's or licensed physician extender's airway management skills. Furthermore, it is recommended that allergen immunotherapy should be given in settings where trained personnel are immediately available to treat systemic reactions under the supervision of a physician or licensed physician extender. The trained personnel should be familiar with the following procedures: 1) recognition and treatment of local and systemic reactions to immunotherapy injections; 2) basic cardiopulmonary resuscitation; 3) on-going patient education in recognition and treatment of local and systemic reactions that occur outside the physician's or licensed physician extender's office.

Because of the potential serious nature of immunotherapy reactions, treatment extracts will be released to outside facilities only when the outside facility acknowledges that equipment and personnel (including physician or licensed physician extender) are available to treat a potentially life-threatening immunotherapy reaction. We recognize that this may cause some inconvenience for some patients or facilities; however, this procedure is necessary to assure the highest quality of medical care to our patients receiving immunotherapy. This extra margin of safety is worth the effort.

We request that the patient and office giving the patient's immunotherapy read, understand, and sign this letter before we release the allergenic extracts to the office. At **NO** time will allergenic extracts be mailed to a patient's home.

The procedures for refilling Dr. Tankersley's allergenic extracts are relatively simple. The refill form must be completed by the medical personnel giving the immunotherapy. For the refill request, a physician's or licensed physician extender's representative may sign for the physician or licensed physician extender, indicating the physician or licensed physician extender is available for emergency treatment. This documents that there is a physician or licensed physician extender available when a patient is being treated, and provides Dr. Tankersley quality assurance/risk management information.

Dr. Tankersley's office staff are available to answer questions concerning reactions to immunotherapy, appropriate management of allergy shot reactions, and any other questions relating to our patients. Please feel free to call us Monday-Friday from 0800 to 1630 hours (8 am – 4:30 pm) at 901-335-8966.

*For Release of Allergy Treatment Kit, Please Complete the Following:*

I understand the above instructions and all questions have been answered to my satisfaction for the treatment of my allergic condition and refilling of allergenic extracts.

Patient's Printed Name & Signature: <i>(Parent for Minors)</i>  <hr/> <i>Printed Name</i>  <hr/> <i>Signature</i>	Chart Number:  <hr/>	Date:  <hr/>
*Physician's or Licensed Physician Extender's Printed Name & Signature:  <hr/> <i>Printed Name</i>  <hr/> <i>Signature</i>	Complete Office Address & Phone:  <hr/> <hr/> <hr/> (_____) _____ - _____ <i>Phone Number</i>	Date:  <hr/>

\*I agree to comply with the above conditions and recommendations.

Completion of this form must be accomplished prior to the release of the patient's immunotherapy extract.

Please fax (901-244-2021) or email (questions@thetankersleyclinic.com) the front and back of this form to:

The Tankersley Clinic, Attn: Mike Tankersley, MD, MBA