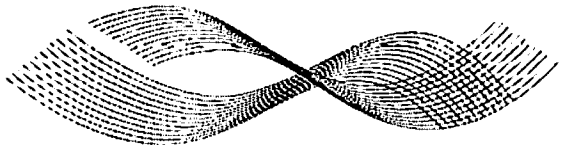

Taddle Creek

Family Health Team

MEDICAL DIRECTIVE

Title:	Allergen Injection	**Number:**	TCFHT-MD09
Activation Date:	DD-MM-YYYY	**Review Date:**	DD-MM-YYYY

Sponsoring/Contact Person(s) *(name, position, contact particulars):* _____

Order and/or Delegated Procedure:

Appendix Attached: _X_ **No** __ **Yes**
Title:

Administration of allergen injections.

Recipient Patients:

Appendix Attached: __ **No** _X_ **Yes**
Title: Appendix A – Authorizer Approval Form

Recipient patients must:

- Be active, rostered patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form
- Have been assessed and ordered by their physician, nurse practitioner or specialist to receive the allergen injection.
- Meet the conditions identified in this directive

Authorized Implementers:

Appendix Attached: __ **No** _X_ **Yes**
Title: Appendix B – Implementer Approval Form

Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).

Implementers must complete the following preparation and sign the Implementer Approval Form:

1. Assess own knowledge, skill, and judgment to competently perform allergen injections.
2. Demonstrate ability to competently perform allergen injections during supervision from an authorizing primary care provider on 3 occasions
3. Review most current guidelines for anaphylaxis management as per Canadian Immunization Guide (2013), accessible from http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php

Indications:

Appendix Attached: _X_ No __ Yes
Title:

- Patients that have been prescribed specific allergen solution via testing by an Allergist.

Contraindications:

- Individuals with temperature ≥38 degrees celcius or are feeling unwell.
- Individuals who developed a severe reaction lafter the last injection.
- Individuals that have missed multiple scheduled injections since last visit (for these cases contact allergist specialist for direction).

Consent:

Appendix Attached: _X_ No __ Yes
Title:

Patient's consent is implied for implementer to administer allergy injection if patient has presented to clinic, and is a Family Health Team patient, where interprofessional practice is expected.

Guidelines for Implementing the Order/Procedure:

Appendix Attached: _X_ No __ Yes
Title:

For allergen injection for patients who meet the **indications** described above:

1. Implementer should have anaphylaxis management equipment readily available.
2. Implementer reviews with patient local and systemic reactions that may occur post procedure:
   - **Local Reaction**: redness, swelling, localized pruritis
   - **Systemic Reaction**: nasal congestion, hives, pruritis, dizziness, facial swelling (lips, tongue, etc.), flushing of skin, "pins and needles" sensations, difficulty speaking or swallowing, anxiety or agitation, nausea/vomiting, respiratory distress, altered consciousness

   Implementer advises patient they need to remain in office 30 minutes after the injection to self-monitor for reaction. If at any time a reaction occurs they should notify someone immediately. If no reaction after 30min of self-monitoring, patient may leave office.
3. Allergen injection given subcutaneously to the upper arm according to allergist instructions for dose, location, and frequency.
4. Implementer reviews discharge Instructions with patients as follows:
   - To seek emergency medical care should a systemic reaction develop
   - To notify physician, nurse practitioner or implementer of reaction at next visit.

Allergen Storage:

- The vial and paper regimen supplied by allergist will be kept together in the suite's fridge.
- Once vial is finished, implementer will initiate ordering refill if indicated.

Documentation and Communication:

Appendix Attached: _X_ No __ Yes
Title:

- Documentation in the patient's eMR needs to include: name and number of the directive, name of the implementer (including credential).
- Information to be documented will include: allergen solution, dose, expiry date, site of injection, and details of any adverse reaction that occurs.
- The primary care provider will be alerted (verbally or electronically) as soon as possible, if an

adverse reaction occurs.

- Implementer will document in eMR and on paper regimen at each administration.
- Implementer will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen, and to review note in eMR for details.
- When paper record is complete, implementer will ensure it is scanned into patient's eMR.

Review and Quality Monitoring Guidelines:

Appendix Attached: _X_ No __ Yes
Title:

- Routine renewal will occur annually on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.
- If new information becomes available between routine renewals, such as the publishing of new clinical practice guidelines, and particularily if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse pracititioner and a mimimum of one implementer.

References:

Bernstein, D. (2011). Anaphylaxis induced by subcutaneous allergen immunotherapy. Retreived August 4, 2011 from www.uptodate.com

Canadian Immunization Guide. (2013). *Part 2: Vaccine Safety – Early vaccine reactions including anaphylaxis.* Retrieved from http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php

Creticos, P. S. (1992). Immunotherapy with allergens. *JAMA, 268*(20), 2834-2839.

James, L. & Durham, S. (2008). Update on mechanisms of allergen injection immunotherapy. *Clinical and Experimental Allergy, 38*(7), 1074-1088.

Simons, E. & Camargo, C. (2011). Anaphylaxis: Rapid recognition and treatment. Retreived August 4, 2011 from www.uptodate.com

Appendix A:

Authorizer Approval Form

Name	Signature	Date

Appendix B:

Implementer Approval Form

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

Name	Signature	Date