Thames Valley
Family Health Team

Medical Directive

Title:	**Allergy Injection**	**Assigned Number:**	**001**
Activation Date:	**July 1, 2011**	**Review due by:**	**December 2023**

Approval Signature & Date

Medical Director: _____ Date Reviewed: January 13, 2022

Clinical Services Director: _____ Date Reviewed: January 13, 2022

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Administration of Allergen Injections by Registered Nurses/ Registered Practical Nurses.

Recipient Patients:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

All active patients of Thames Valley Family Health Team physicians identified on the Authorizer Approval Form, who require administration of allergen injections by Registered Nurses/ Registered Practical Nurses.

Authorized Implementers:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurses (RN/RPN) *

* The implementing RN/RPN must receive orientation from the Educator with regards to the task. The implementing RN/RPN must have completed orientation and educational requirements of Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive and is encouraged to review Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive to ensure all required supplies and reference materials are available in the case of an emergency. The RN/RPN must sign the Implementer Performance Readiness Form electronically via HR Downloads after successful completion of the orientation (and quiz, if applicable) indicating acceptance of this medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Verbal consent received from the patient/substitute decision maker for the implementing RN/RPN to implement this medical directive.
2. Patient has been prescribed specific allergen solution by a physician/specialist.
3. Patient has signed TVFHT allergy consent form for storage of allergen serum

4. The allergen vial is accompanied by a current order to follow describing dosage and interval.
5. The patient must agree to remain onsite for 30 minutes following administration of the injection.
6. In case of adverse reaction, emergency drugs and equipment must be available.

Contraindications:

1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.
2. Individuals that have a temperature over 38 degrees Celsius or are feeling unwell.
3. Individuals who developed a Grade 2 or more severe reaction (based on the World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System) after the last injection.

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Symptom(s)/sign(s) of 1 organ system present **Cutaneous** Generalized pruritus, urticaria, flushing, or sensation of heat or warmth **or** Angioedema (not laryngeal, tongue or uvular) **or** **Upper respiratory** Rhinitis—(e.g., sneezing, rhinorrhea, nasal pruritus and/or nasal congestion) **or** Throat-clearing (itchy throat) **or** Cough perceived to originate in the upper airway, not the lung, larynx, or trachea **or** **Conjunctival** Erythema, pruritus or tearing **Other** Nausea, metallic taste, or headache	**Symptom(s)/sign(s) of more than 1 organ system present** **or** **Lower respiratory** Asthma: cough, wheezing, shortness of breath (e.g. less than 40% PEF or FEV_1 drop, responding to an inhaled bronchodilator) **or** **Gastrointestinal** Abdominal cramps, vomiting, or diarrhea **or** **Other** Uterine cramps	**Lower respiratory** Asthma (e.g. 40% PEF or FEV_1 drop NOT responding to an inhaled bronchodilator) **or** **Upper respiratory** Laryngeal, uvula, or tongue edema with or without stridor	**Lower or upper respiratory** Respiratory failure with or without loss of consciousness **or** **Cardiovascular** Hypotension with or without loss of consciousness	Death

4. Individuals that have missed scheduled injections since last visit. Consult with physician to determine appropriate dose of allergen injection.
5. Implementer has not received signed Implementer Performance Readiness Form **for** Medical Directive for Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Patients of Thames Valley Family Health Team family physicians.
2. RN/RPN obtains verbal consent from patient/substitute decision maker prior to the implementation of care.

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

Patients who meet the **Indications** described above:

1. The allergen injection will be given SC to the upper arm according to the manufacturer's instructions and the written order included with the allergen vial.
2. The patient is asked to remain in the clinic for 30 minutes post injection.
3. If at any time the patient experiences any signs of a Grade 2 or more severe reaction (based on the World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System) or anaphylaxis, activate Medical Directive for Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations
4. After 30 minutes and no signs of a Grade 2 or more severe reaction (based on the World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System) or anaphylaxis, the patient is to be re-assessed by the RN/RPN before discharge. The injection site must be inspected.

    - If the local reaction displays redness, swelling or wheal **greater than 5 cm:**
        - discuss reaction with physician, discharge as per physician's order.
    - If the local reaction displays redness, swelling or wheal **between 2.5 cm and 5 cm:**
        - first occurrence or repeat occurrence with concerns, discuss with physician
        - if repeat occurrence and no concerns, discharge patient with instructions.
    - If the local reaction displays redness, swelling or wheal **less than 2.5 cm** or no reaction
        - discharge patient with instructions.

Discharge instructions:

1. Patients are to be reminded
    a. To seek emergency medical care should a Grade 2 or more severe reaction (based on the World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System) or anaphylaxis develop.
    b. To notify physician or registered nurse of any reaction at the next visit.
2. All information pertaining to the injections is documented on the **Order Sheet** maintained with the allergen vial and/or in the patient record according to standard documentation practices. *

***** *Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

Safety of Allergen Immunotherapy: A Review of Premedication and Dose Adjustment. Immunotherapy. 2012;4(3):315-322. https://www.medscape.com/viewarticle/762698_1. Accessed Aug 18, 2020

Allergen immunotherapy: an updated review of safety. Curr Opin Allergy Clin Immunol. 2017 Feb; 17(1): 55–59. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5644500/#:~:text=Adverse%20allergic%20reactions%20to%20SCIT,reactions%20%5B7%E2%80%9310%5D. Accessed Aug 18, 2020

Injection Immunotherapy for Inhalant Allergens. Middleton's Allergy: Principles and Practice, 85, 1401-1419.e1. Accessed via ClinicalKey on Aug 18, 2020

Immunotherapy Manual Canadian Society of Allergy & Clinical Immunology 2016. http://csaci.ca/wp-content/uploads/2017/12/IT-Manual-2016-5-July-2017-rev.pdf. Accessed Aug 18, 2020

Documentation and Communication:

Appendix Attached: ☐ **Yes** ☒ **No**

Title:

1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. Specific site of immunization must also be noted along with the **Lot Number and Expiration Date**.
2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice. *

***Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

Review and Quality Monitoring Guidelines:

Appendix Attached: ☐ **Yes** ☒ **No**

Title:

1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing disciplines, before necessary changes are made.
3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing disciplines.

Approving Physician(s)/Authorizer(s):

Appendix Attached: ☐ **Yes** ☒ **No**

Title:

Authorizer Approval Form