Thames Valley
Family Health Team

Medical Directive

Allergy Injection	**Assigned Number: 001**
Activation Date: July 1, 2011	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

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

Administration of prescribed allergen injections.

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

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

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

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN)

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

The Implementer must be an active Implementer for Medical Directive 007: Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections, Vaccines, or Injectable Medications prior to utilizing this directive.

Indications:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1 – Allergy Injection Patient Information & Consent

1. Patient has been prescribed specific allergen solution.
2. Patient has signed the TVFHT Allergy Injection Patient Information & Consent form (Appendix 1).
3. Allergen vial is accompanied by a current order, specifying dosage and administration intervals.
4. Patient must agree to remain onsite for 30 minutes following administration of the injection.
5. Patient must agree to avoid strenuous activity for 2 hours post-injection due to increased risk of systemic reaction.

Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Patient has a temperature of ≥38°C or is feeling unwell.
2. Patient experienced a Grade 2 or higher systemic reaction, per the World Allergy Organization (WAO) Subcutaneous Immunotherapy Systemic Reaction Grading System, following their last injection.
   - WAO simplified table below, detailed table linked above.

Increasing severity of reaction

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Mild symptom/sign(s) only	At least one moderate symptom/sign	Mild-moderate symptom/signs consistent with WAO 2020 clinical criteria for Anaphylaxis	• Treatment-resistant bronchospasm • Stridor with increased work of breathing • Clinically-significant hypotension • Neurological impairment	• Respiratory failure • Respiratory arrest • Anaphylactic shock (requiring IV vasopressor infusion) • Cardiac arrest

Grade 3-5 reactions = ANAPHYLAXIS (WAO definition)

3. Patients who have missed scheduled appointments and are outside the allowable window for dose adjustments, as outlined on the dosing instruction sheet. Consult with prescriber or allergist to determine next steps.

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

Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.

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

1. Confirm patient has signed the TVFHT Allergy Injection Patient Information & Consent Form. For initial appointments and each new prescription, review the form with the patient, answer any questions, obtain their signature, scan the signature page into the patient's chart, and provide the full form for the patient to take home for reference.

2. Administer the allergen injection subcutaneously in the upper arm in accordance with the manufacturer's instructions and the written order provided with the allergen vial. Prior to injecting the solution, aspirate to check for blood return, per expert recommendation, to ensure the needle is not within a blood vessel.

3. The patient must remain in the clinic for 30 minutes following the injection for observation.
   - During this time, monitor for any signs or symptoms of a Grade 2 or more severe systemic reaction, as defined by the World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System, or signs of anaphylaxis.
   - If the patient exhibits signs of a Grade 2 or more severe reaction or anaphylaxis, immediately activate Medical Directive 007: Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections, Vaccines, or Injectable Medications.

4. Reassess patient after 30 minutes to ensure no systemic reaction has occurred.
   - If the local reaction (redness, swelling, or wheal) is greater than the size of the patient's palm, discuss the reaction with the patient's allergist/prescribing physician. Follow further instructions regarding dose adjustment or reassessment.
   - If the local reaction is smaller than the patient's palm, dose adjustment is generally not necessary, but ongoing monitoring at subsequent visits is recommended. Any concerns should be reported to the allergist/prescribing physician/specialist.

5. Instruct patient to seek emergency medical care if a systemic allergic reaction or anaphylaxis develops after leaving the clinic.

6. Advise patient to inform the implementer at their next visit if any delayed reaction occurs.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- The Order Sheet accompanying the patient's allergen vial(s) will be updated with details from each injection and faxed to the prescriber upon completion of the treatment course or earlier as needed.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.

Appendix 1:
Allergy Injection Patient Information & Consent

Allergy Injection Patient Information

Thames Valley
Family Health Team

Before your injection:

- **Avoid** vigorous exercise for **1 hour before** your injection.

After your injection:

- **Avoid** rubbing or scratching the arm in which you received the injection.
- **Avoid** vigorous exercise for **2 hours after** injections.
- **Local reactions are most common** – they appear as red, warm, itchy, swollen areas at the site of the shot, and can last up to 4 days.

If a local reaction occurs after your injection:

- Take an antihistamine (like Claritin, Reactine, Allegra, Aerius).
- Use ice on the area as needed and/or an anti-itch cream such as hydrocortisone.
- Record the time and size of the reaction and how long it lasts; report it at your next visit.
- Although you may not experience any reaction within 30 minutes after the injection, it's possible to react later in the day.

A serious systemic reaction can develop after your injection and the symptoms may include:

- Hives or itchy red spots on your body
- Itchy palms and feet
- Flushed face
- Swelling of the throat/mouth and itchy palate
- Wheezing or difficulty breathing /shortness of breath
- Feeling of tightness in the chest
- Nausea, vomiting, diarrhea
- Dizziness
- Coughing, sneezing, runny nose
- Anxiety

Most serious systemic reactions develop within ***30 minutes*** of allergy injections. This is why you must ***always*** wait in the clinic area for ***30 minutes*** after your injection. We are trained to watch for reactions and equipped to identify and treat them. The risk of a systemic allergic reaction never goes away.

Due to the importance of this safety policy, if you fail or decline to follow this policy, we can no longer provide your injections.

In case of a severe reaction after leaving the clinic, go to the nearest **emergency department** for treatment. Please do not wait to contact the clinic.

If you've experienced a systemic reaction, please notify your allergist for information on further treatment.

Next Visits:

- It's important for you to inform the nurse if you have any new health problems, changes in medications, or if you had any reactions to your last injection.
- If you think you might be pregnant, tell your doctor or nurse. Immunotherapy is generally felt to be safe during pregnancy; however, the dosage should not be increased and your doctor may wish to reduce the dose while you are pregnant.

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- You should not receive an allergy injection if you:
  - Have a fever or extended illness for any reason.
  - Are wheezing, short of breath or having an exacerbation of asthma symptoms.
  - Are taking a Beta-Blocker. These are drugs used to treat irregular heartbeats, headaches, eye problems and high blood pressure.
- Allergy extracts should be refrigerated between injections, but never frozen.

These recommendations are based on best practice guidelines (courtesy of the Allergy and Immunology Program of St. Joseph's Health Care London).

Patient acknowledgement:

I have read and understood the above Allergy Injection Information and agree to the Thames Valley Family Health Team's policy of waiting 30 minutes after injection for systemic reaction monitoring.

Patient or guardian signature

Date

Witness signature

Storage of patient injectable/medication in our refrigerator or clinic:

We provide you with the service of storing (labelled) patient vials (injectables, allergy serum, vaccines, etc.) between prescribed injection visits.

We are not liable for the compromise in the integrity of the medication due to handling before receiving the medication or for loss or compromise of integrity due to power outage, storage equipment failure or catastrophic event.

We are not liable for any loss or theft during storage.

This is a voluntary service and it is your option to keep your vial with you personally and bring with you to each visit.

Patient or guardian signature

Date

Witness signature

****Once signed this consent should be scanned into patient's record.**