NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

Co-Pay:
Drawer #:
Patient #:
Patient Name:
DOB:

Reaction Key
A-no reaction
B-small local
C-large local
D-systemic

IT Schedule
0.05 cc
0.10 cc
0.20 cc
0.30 cc
0.40 cc
0.50 cc*

*only for 10-fold and undiluted vials

Dilution	Color	Expiration
1000 fold	Green	
100 fold	Blue	
10 fold	Yellow	
Undiluted	Red	

OR

Dilution	Color
1-50,000	Blue
1-5,000	Pink
1-500	Green
1-50	Yellow

Target PF above

Be sure to ask pt if they had reactions to the last shot & check each shot site after 20 min.

Peak flow	Date	Time		Last injection: **Vial A** Arm	Dilution	Amount	20 min	last shot	Last injection: **Vial B** Arm	Dilution	Amount	20 min	last shot	Last injection: **Vial C** Arm	Dilution	Amount	20 min	last shot	Notes:
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			2																
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For patient comfort you can add 0.2 cc saline to the injection.

IMPORTANT: For New Vials - Drop back 2 doses and then work back to regular schedule.

Please send extract requests 2 weeks before extract runs out