

Sublingual Immunotherapy Pre-Dose Checklist & Administration Record

Patient Name: _____ DOB: _____

This checklist is to help you safely administer your sublingual (under the tongue) immunotherapy (SLIT) at home. If there are **ANY YES** responses, please contact the doctor who prescribed your SLIT **BEFORE** you take your dose. **If you are newly pregnant, have started any new prescription medications for blood pressure or headache, or have been diagnosed with a new medical condition, please notify your doctor immediately.**

Answer these questions: IF YOU ANSWER **YES** TO ANY QUESTION, DO NOT TAKE YOUR SLIT AND CONTACT YOUR DOCTOR IMMEDIATELY.

After your last SLIT dose, did you have:

YES NO

- Any increased allergy or asthma symptoms, hives (welts), or itching all over?
- Any new heartburn, severe abdominal discomfort, nausea, cramping, diarrhea, trouble swallowing or chest pain?
- Any new mouth symptoms (such as itching, tingling, swelling, or burning) not previously discussed with your doctor?

Since your last SLIT dose, have you:

- Had any new mouth sores, cuts, lesions or breaks in the skin inside your mouth?
- Started taking any new blood pressure or headache medications (for example, beta- blocker or alpha-blocker)?

In the last 24 hours, have you had:

- Any asthma symptoms (chest tightness, cough, wheezing, or shortness of breath)?
- Worsened allergy symptoms (itchy eyes or nose, sneezing, runny nose, post-nasal drip, or throat-clearing) not controlled with your medical treatment regimen?
- A cold, respiratory tract infection, flu-like symptoms, or fever?

YOU MUST HAVE EPINEPHRINE AVAILABLE. IF YOU DO NOT HAVE AN EPINEPHRINE AUTOINJECTOR IMMEDIATELY AVAILABLE, STOP AND WAIT TO TAKE YOUR SLIT UNTIL YOU HAVE EPINEPHRINE AVAILABLE.

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