

Sublingual Immunotherapy Pre-Dose Checklist

Patient Name: _____ Date: _____

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 TABLET 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 dental procedures?
- 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)?
- 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 TABLET UNTIL YOU HAVE EPINEPHRINE AVAILABLE.

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