

AAOA



PRACTICE RESOURCE TOOL KIT

Otolaryngic Allergy Start Up Checklist



Materials presented in this tool kit are intended as resource only and should not be construed as guidance

Otolaryngic Allergy Start Up Checklist

- **Physical space in your office**
 - A room in which testing can be performed (which can be tied up for 30-60 minutes at a time)
 - furniture
 - chair for the patient, ideally one that reclines in case of syncope or reaction, that has arm rests or a tray
 - sitting stool for the provider administering and reading the tests
 - extra chair(s) for family members or caregivers
 - desk space for paper or computer record keeping
 - counter space for testing trays and supplies (a rolling trolley cart may be useful if testing in more than one room or to keep testing supplies close at hand)
 - Space to administer immunotherapy injections (may be the testing room, exam room(s), or alternative)
 - Extra waiting room space, possibly separated from general ENT waiting area, in which staff can monitor patients for a reaction during their 20-30 minute wait after injection
 - A space which can be used for mixing, which ideally includes ample counter space, a sink, room for a refrigerator and area for paper or computer record keeping (see USP <797> resources)
- **Allergy personnel**
 - The MD is the primary allergy caregiver and decision maker
 - Highly variable additional staff requirement in individual practices
 - MA/Allergy Technician, LPN, RN, NP, PA or MD to perform skin testing and administer injections
 - Existing support/administrative staff
- **Choose an allergy antigen supplier**
 - do your research on which company best suits your practice, and region
 - do more research on what to include in your panel(s)
 - order antigen in sufficient quantities to avoid rapid turnover to new lots
 - order supplies in addition to antigen, including diluent(s), histamine, glycerin, vial racks, measuring cards for skin testing
- **Choose a vendor** for other allergy supplies and order them as well, including syringes (mixing and injection) and (if using) skin prick testing devices (both of which may be available from allergy vendor), alcohol and cotton balls, alcohol wipes, band aids, individual packets of hydrocortisone cream for after testing, sharps containers



- **Decide on how allergy record keeping** is going to take place (paper charts, direct documentation in EMR, hybrid model), and if dedicated allergy software makes sense in your practice
- **Make an “anaphylaxis kit”** stocked with emergency supplies, and a way to track expiration dates and restock when needed.
 - Anaphylaxis kit essentials
 - Medications
 - Epinephrine 1:1000
 - either auto-injectors, or at least 2 prefilled syringes with 0.1 ml for pediatrics, 0.3 ml for adults in an easily accessible location or top of kit
 - albuterol MDI (may stock disposable spacers)
 - H1 blocker (po, iv)
 - H2 blocker (po, iv)
 - corticosteroid (po, iv)
 - consider dopamine
 - Airway management supplies
 - suction (yankauer and flexible for ETT), can use suction on SMR cart or need machine
 - O2 tank with nasal cannula(s), mask(s)
 - Ambu-bag, mask(s)
 - Oral airways of various sizes
 - Intubating laryngoscope
 - ETTs in various sizes
 - cricothyrotomy and/or tracheostomy supplies
 - IV access supplies
 - Angiocatheters
 - tubing
 - fluids (NS or LR)
 - tape
 - iv pole
 - Access to AED?
 - Anaphylaxis treatment recording sheets