



William Johnson MD

CONSENT FOR ADMINISTRATION OF FASENRA OR NUCALA THERAPY

Jeremy Katcher MD

Name _____ DOB _____ MRN _____

Patients who receive Fasenra or Nucala should be aware of the following: A severe allergic reaction called anaphylaxis can happen after receiving an injection of Fasenra or Nucala. Anaphylaxis is a life-threatening condition and can lead to death.

Symptoms of Anaphylaxis:

- Wheezing, shortness of breath, cough, chest tightness, trouble breathing.
- Low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, a feeling of “impending doom”.
- Flushing, itching, hives, feeling warm.
- Swelling of the throat or tongue, throat tightness, hoarse voice, trouble swallowing.

An allergic reaction from Fasenra or Nucala can sometimes happen hours or days after you get your injection. It can happen after any injection, even after having been on the injections for many doses.

Should you experience any of the above symptoms after receiving an injection, alert the allergy staff immediately. If these symptoms develop after leaving our office, get emergency medical treatment immediately.

PATIENT CONSENT

I understand Fasenra or Nucala injections may cause an allergic reaction, including anaphylaxis (a severe allergic reaction). I agree that I will remain in the office under observation for 30 minutes after EACH injection and will be checked by the allergy staff prior to leaving. (Note: There is a 1 hour waiting period after the first two injections.)

The doctor has discussed with me the option of carrying an epinephrine auto injector while I am receiving Fasenra or Nucala therapy. (Select ONE of the following statements)

____ I have accepted the epinephrine prescription and have been instructed regarding when and how to use the auto injector and understand I must seek immediate emergency medical attention following use of the device.

____ I have declined the epinephrine prescription and understand that I must seek immediate emergency medical attention in the event that I experience symptoms of anaphylaxis.

Patient Signature

Witness Signature

Date