



William Johnson MD

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**CONSENT FOR ADMINISTRATION OF XOLAIR THERAPY**

Name \_\_\_\_\_ DOB \_\_\_\_\_ MRN \_\_\_\_\_

Patients who receive Xolair should be aware of the following: A severe allergic reaction called anaphylaxis can happen after receiving an injection of **Xolair**. 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 **Xolair** can sometimes happen immediately or 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 (or your child) 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/PARENTAL CONSENT**

I understand **Xolair** 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.)

\_\_\_\_\_  
Patient initials

The doctor has discussed with me the need of carrying an epinephrine auto injector while I am receiving **Xolair** therapy.

\_\_\_\_\_  
Patient initials

I have been trained regarding when and how to use the Epinephrine injector and understand that I must carry it with me on injection days and seek immediate emergency medical attention should I ever use the Epinephrine injector.

\_\_\_\_\_  
Patient initials

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date