

Registration From

Name Age Date: 1398/

F/Name Gender Male Female

CC Skin Rash +

PI Ocular Itching

Sore throat 4m

Allergy History

1- Environmental

2- تاریخچه محیطی:

JOB وظیفه (Home Location) محل زیست

(Food Habituat) عادت غذایی

Water Splay نوعیت منبع آب (Exercise Habituat) عادت به ورزش

Pet Animal موجودیت حیوانات اهلی (Funguses Disease) امراض قفگی

عروسایل شخصی مورد استفاده:

تخت خواب لحاف ورکش زیرپوشی الماری وغیره

2-Family History :

2- تاریخچه فامیلی :

Father	Br. Asthma	<input type="checkbox"/>	Allergy Rhinitis	<input type="checkbox"/>
Mother	Allergic Cough	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
Brother	Urticaria	<input type="checkbox"/>	Ocular Allergy	<input type="checkbox"/>
Sister	Hypersensitivity	<input type="checkbox"/>	Food Allergy	<input type="checkbox"/>

pseudourticaria



مرکز الرژی (حساسیت) افغانستان

Afghanistan Allergy Center
Dosage Schedule
Desensitization by Immunotherapy

P Bf
D Mt
PM Ck
TH Egg
Rc Fish
Rise

P+D+PM+TH+RC
Mix Protein+Inhalant

Histoglob
-6 -5 -4 -3

Total Dose	Adult Dose	Child Dose	Year Dose	Date	Done
1 st Dose <input checked="" type="checkbox"/>	0.05 ml <input type="checkbox"/>	0.05 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/7/22	<input checked="" type="checkbox"/>
2 nd Dose <input type="checkbox"/>	0.1 ml <input type="checkbox"/>	0.1 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
3 rd Dose <input type="checkbox"/>	0.2 ml <input type="checkbox"/>	0.2 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
4 th Dose <input type="checkbox"/>	0.3 ml <input type="checkbox"/>	0.3 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
5 th Dose <input type="checkbox"/>	0.4 ml <input type="checkbox"/>	0.4 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
6 th Dose <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
7 th Dose <input type="checkbox"/>	0.6 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
8 th Dose <input type="checkbox"/>	0.7 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
9 th Dose <input type="checkbox"/>	0.7 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
10 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
11 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
12 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>

Follow up: _____

Diseases: _____

Duration: _____

Duration: _____

Improvement: _____

Blood IIGE: _____

_____ 1U/ml.

INTERVAL BETWEEN

DOSES: 7 DAYS

Precautions:

- Allergy injection should be given subcutaneously. Injection on weekly basis. Use 1cc BD syringe.
- Do not injection into a blood vessel or intramuscularly.
- Do not rub the site of injection.
- If any untoward reaction occur 0.5 ml adrenaline should be given which may be repeated.
- Cortisone injection should be at hand and may be given if considered advisable to control anaphylactic shock.
- store at +4c to 8c
- In case of severe reaction, stop vaccine immediately an contact Allergy Center or your nearby doctor.
- wait for half Hour in the clinic after the injection. Most reaction take place in the first Hours



مرکز الرژی (حساسیت) افغانستان

Afghanistan Allergy Center
Dosage Schedule
Desensitization by Immunotherapy



SPT Result Date: _____

- Vaccine Influenza Date: _____
 Vaccine Pneumo coc. Date: _____
 Vaccine Flue Date: _____



مرکز الرژی (حساسیت) افغانستان

Afghanistan Allergy Center

Dosage Schedule

Desensitization by Immunotherapy

Histoglob

P+D+PM+TH+RC.
Mix Protein+Inhalant

-6 -5 -4 -3

P Bf
D Mt
PM Ck
TH Egg
Rc Fish
Rise

Bf
Mt
P Ck
D Egg
PM Fish
TH Rise
Rc Date:
RSPT Result

Total Dose	Adult Dose	Child Dose	Year Dose	Date	Done
1 st Dose <input checked="" type="checkbox"/>	0.05 ml <input type="checkbox"/>	0.05 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/7/22	<input checked="" type="checkbox"/>
2 nd Dose <input checked="" type="checkbox"/>	0.1 ml <input type="checkbox"/>	0.1 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/7/29	<input checked="" type="checkbox"/>
3 rd Dose <input checked="" type="checkbox"/>	0.2 ml <input type="checkbox"/>	0.2 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/8/6	<input checked="" type="checkbox"/>
4 th Dose <input checked="" type="checkbox"/>	0.3 ml <input type="checkbox"/>	0.3 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/8/13	<input checked="" type="checkbox"/>
5 th Dose <input checked="" type="checkbox"/>	0.4 ml <input type="checkbox"/>	0.4 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/8/20	<input checked="" type="checkbox"/>
6 th Dose <input checked="" type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/8/27	<input checked="" type="checkbox"/>
7 th Dose <input checked="" type="checkbox"/>	0.6 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/9/4	<input checked="" type="checkbox"/>
8 th Dose <input checked="" type="checkbox"/>	0.7 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/9/10	<input checked="" type="checkbox"/>
9 th Dose <input type="checkbox"/>	0.7 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
10 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
11 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>
12 th Dose <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	0.5 ml <input type="checkbox"/>	0.8 ml <input type="checkbox"/>	1398/ /	<input type="checkbox"/>

DOSES; 7 DAYS

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دوکتور نصرت الله آرش "حیدریان"

متخصص داخله اطفال و الرژی

Afghanistan Allergy Center
First Allergy Diagnostic Center in Afghanistan



اسم مریض

pseudotubercu

Medical Record

BP	mg - Hydrocortison	n-2
HR	1x2	100mg
PR	Ami ^o pheniramine	n-2
RR	1x2	
TR		
WT	cup - Doxepine	n-90
HT	1x1	10mg
HC	Tab - levocitriciz - montiluk	
BMI	1x1	n-90
So ₂	Tab - Delta cortil	n-50
	2tab x3	10mg

تشخیص و درمانی امراض الرژی در بزرگسالان و اطفال

- نفس تنگی
- حساسیت چشم
- ریزش دوامدار
- حساسیت غذایی
- سرفه های دوامدار
- حساسیت پوستی
- شب ادراری
- لگنت زبان
- تپش قلب
- بی اشتهايي

