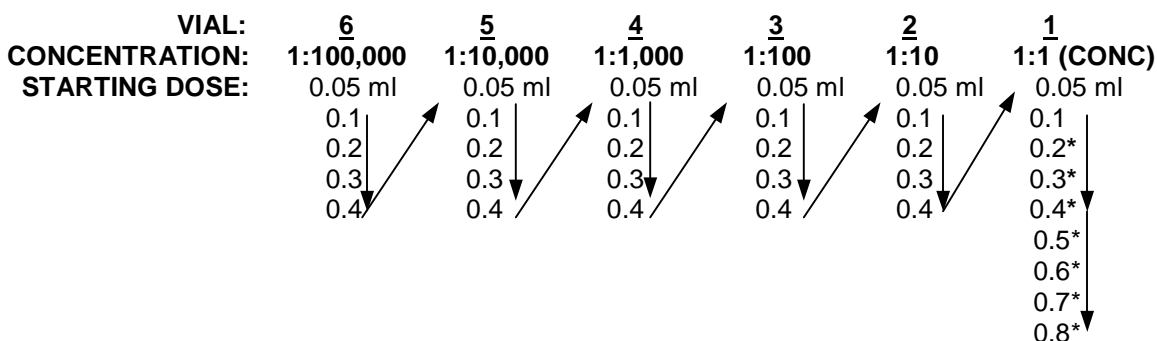


DallasAllergyImmunology

ALLERGEN IMMUNOTHERAPY ADMINISTRATION GUIDELINES

A. ESCALATION SCHEDULE

Unless otherwise instructed, start escalation at 0.05 ml of vial 5 and give increasing doses 1-2 times per week according to the schedule below (**follow arrows**) until the maximum tolerated maintenance dose 0.2 to 0.8 ml of **Vial 1 (CONC)** is reached. For patients receiving shots twice weekly, allow 48 hours between injections.



* **RECOMMENDED MAXIMUM MAINTENANCE DOSES:** ≤12 years: 0.2-0.4 ml; >12 years: 0.4-0.8 ml

B. MAINTENANCE SCHEDULE

Continue the maximum tolerated maintenance dose weekly for 1 month, then every 2 weeks for 12 months, then every 2-4 weeks for an additional 4-5 years (the frequency and total duration of the maintenance injections to be determined by the patient's clinical response).

C. GUIDELINES FOR MISSED DOSES

On **Escalation Schedule** use the following guidelines to adjust doses for lapses in therapy:

<u>TIME SINCE LAST SHOT</u>	<u>ACTION</u>
<2 weeks	Increase according to schedule
2-3 weeks	Repeat last dose
3-4 weeks	Reduce by one dose
4-6 weeks	Reduce by two doses
>6 weeks	Reduce by an additional dose / wk > 6 weeks

On **Maintenance Schedule** use the following guidelines to adjust doses for lapses in therapy:

<u>TIME SINCE LAST SHOT</u>	<u>ACTION</u>
< 6 weeks	Repeat maintenance dose
6-8 weeks	Reduce maintenance dose by 50%, then increase by 0.1cc Q 1-2 weeks back to the previous maintenance dose.
> 8 weeks	Reduce maintenance dose by 50% plus an additional dose reduction for every 2 weeks beyond the 8 weeks lapse. Please call our office to report this occurrence.

D. GRADING & MANAGEMENT OF LOCAL REACTIONS

1. Measure and record diameter of any local induration (swelling) of the injection site(s) observed at the end of the 30 minute waiting period and adjust schedule accordingly:

<u>INDURATION</u>	<u>GRADE</u>	<u>ACTION</u>
<25mm	"A"	Advance according to schedule
25-50mm	"B"	Repeat same dosage
>50mm	"C"	Reduce by one dosage step

2. Apply ice pack to painful large local reactions. Give oral antihistamines and/or topical corticosteroid cream at physician's discretion for relief of itching.

E. REFILLING EXTRACT PRESCRIPTIONS

Extract refills should be ordered **3 weeks** prior to anticipated completion or expiration date of current supply. Contact our Allergy Nurse to order new extract. We will need an updated copy of the patient's ***Allergy Shot Administration Record and payment from the patient prior to ordering new extract.***

F. DOSE ADJUSTMENT FOR EXTRACT REFILLS

1. Discard unused/expired extract vials upon receipt of new vials.
2. The first dose of a refilled extract vial should be **one-half** of the last dose given, then increased stepwise to the previous maintenance dose.