

## Dallas Allergy/Immunology

### 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.

VIAL:	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
CONCENTRATION:	1:100,000	1:10,000	1:1,000	1:100	1:10	1:1 (CONC)
STARTING DOSE:	0.05 ml	0.05 ml	0.05 ml	0.05 ml	0.05 ml	0.05 ml
	0.1 0.2 0.3 0.4	0.1 0.2 0.3 0.4	0.1 0.2 0.3 0.4	0.1 0.2 0.3 0.4	0.1 0.2 0.3 0.4	0.1 0.2* 0.3* 0.4* 0.5* 0.6* 0.7* 0.8*

\* 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 every 2 weeks for 6-12 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. <b>Please call our office to report this occurrence.</b>

**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 (may repeat same dosage in maintenance phase.)

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 increase stepwise to the previous maintenance dose.

29 June 2004