#### **Allergy Dosage Schedule**

There are two phases. The first is the buildup phase. This involves receiving injections with increasing amounts of a particular allergen once a week. The length of time depends how often the injections are received. Consistency is the keys. The buildup phase is generally within 4 to 6 months if the patient is consistent with coming in for weekly injections. It is very important to fax us a refill request (shot log) once the patient reaches .50cc's in all vials so that the vial concentration can be increased during the buildup phase. The patient generally comes to our office for a safety vial test (SVT) and first injection dose (same visit). If the SVT is given at a dose of 0.05cc and if there are no reactions that are out of the normal range, we will give the patient there first dose, then mail vials to your clinic. During the buildup phase, allergy shots will be re-escalated as tolerated with each new vial. This will be indicated on the Individual Dosage Sheet provided. Please review the injection schedule provided to determine the proper schedule. After 30 minutes a local reaction size of a nickel (20mm) is considered to be within acceptable limits. You may continue escalation. After minutes if a reaction is the size of a quarter (25mm) or more, please notify our clinic so that we can get orders from the patients doctor on how we should proceed with the next injection. Do not give more than one injection within a 5 day period. There should be at least 5 days between injections.

The second phase is called maintenance. This begins once the effective dose is reached. The effective dose depends on the patient's level of allergen sensitivity and the patient's response to the buildup phase. If the patient has reached maintenance phase they are no longer re-escalating from 0.10cc's. The patient's maintenance dose is usually .50cc's weekly. In some cases, the dose can be less depending on the individual patient's therapeutic maintenance level. This will be indicated on the individual dosage sheet. Please review the weekly injection schedule to determine if the patient is on schedule or if due to a time lapse the dosage may have to be adjusted. Please don't hesitate to contact our office I fyou have concerns or questions at 520-296-8500 x1118.

Occasionally a patient will have a large local reaction during the maintenance phase. Please follow the same guidelines as provided above.

If a patient has not come in for a shot in over a month, you will need to contact us so we can get orders from the patient's doctor on how to proceed. In this case a patient who is at maintenance may have to be re-escalated. If this should occur, we will give detailed instructions.

Please be sure to document, in all required fields, each time the patient has an allergy injection. Please see attached injection schedule for further information.

Serious reactions are rare. When they do occur, they require immediate medical attention. Symptoms of an anaphylactic reaction can include swelling of the throat, wheezing or tightness in the chest, nausea and dizziness.. Most serious reactions occur within 30 minutes from injection administration. Please call 911 in the event of a serious life threatening reaction. Always call our office in the event this occurs.

PLEASE COMPLETE THE SIGN OFF SHEET, FOR EVERYONE WHO WILL BE ADMINISTERING PATIENTS INJECTIONS, UPON RECEIPT OF ANTIGENS AND FAX BACK TO 520-495-7514

Thank you, Tucson Ear Nose and Throat Allergy Department

# \*\*IMPORTANT\*\*

This applies to <u>everyone</u> who will be administering allergy injections for our patient.

Please sign and fax back to Tucson ENT Allergy Department at 520-495-7514

By signing below, I certify that I have read and understood the allergy dosage schedule and protocol that has been provided for

Patient name:	DOB	
Name	Date	

### **Injection Schedule**

Injections are recorded by dose, date, reaction and location. At regular intervals the dosage and dilution will be increased. Build up treatment is administered once a week. Always verify you have the correct vials for the patient prior to administration, by verifying the patients vial number, date of birth and name that is on the label. Allergy injections are given in the outer aspect of the upper arm. Hydrocortisone cream can be applied to the affected area to help with itching. It is suggested that allergy patients take an allergy medication 30 minutes prior to getting allergy shots. The patient is required to remain in the office under observation for 30 minutes after receiving injections. Injection sites will need to be inspected for local reactions. Severe reactions would commonly occur within this 30 minute time period. Patients should not have any other immunizations on the day they have their allergy shots.

### **Escalation Phase (weekly injection schedule)**

1 week (5-10 days): Dose will be increased as scheduled

2 weeks: Dose will be cut back by 0.10cc

3 weeks: Dose will be cut back by 0.20cc

4-8 weeks: Refill at same strength (if expired) SVT, Dose will be cut back by 0.30cc

2-3 months (9-12 weeks): Go back 1 dilution, SVT, and re-escalate per protocol.

3-6 months (13-24 weeks): Go back 2 dilutions, SVT, and re-escalate per protocol.

## **Maintenance Phase**

1 week (5-10 days): Dose will be increased as scheduled

2 weeks: Last dose will be repeated

3 weeks: Dose will be decreased by 0.10cc

4-8 weeks: Refill at same strength (if expired), SVT, decrease last dose by half and minus 0.05 due to SVT

2-3 months (9-12 weeks): Refill at same strength (if expired), SVT, re-escalate per protocol.

3-6 months (13-24 weeks): Go back 1 dilution, SVT, and re-escalate per protocol

If the period of time is longer than a month you will need to notify our office to confirm dose amount. It is very important for patients to come in for injections consistently in order to reach their therapeutic maintenance dose. Please feel free to contact the allergy department with any questions or concerns you may have regarding patients allergy treatment. Our phone number is 520-296-8500 x1118.