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PATIENT'S INSTRUCTIONS ON TAKING ALLERGY VIALS TO ANOTHER PHYSICIAN'S OFFICE

1. Allergy vials should be kept refrigerated at all times. They may stay out in room temperature for about 6 hours. It would be best to take the vials to your physician's office immediately after picking them up. If you accidentally leave them in your car or leave them at room temperature for a prolonged period, then the vials will no longer be effective and will need to be remade.
2. Please fax the Allergy Injection Recording Sheet to our office ("Attention: Shannon/Demia") when you receive the first 0.50cc dose from your vial so that the new vial can be made without delaying your weekly injection . You should receive about 3 doses of 0.50cc before you start your next vials. Call our office for an appointment for allergy injection so that you can receive the first dose at our office.
3. Please bring the injection record sheet from your physician's office with you when you come to our office to pick up your new vial. We would like to keep a complete record of your allergy injection therapy.
4. Once you have finished one vial, you will receive new vial which will stronger.
5. Eventually you will attain the "maintenance dose". Once you have attained the maintenance dose, you self-administer your weekly allergy injections at home. You will need to receive your maintenance dose for three to five years in order to have maximum benefit.

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INSTRUCTIONS FOR PHYSICIAN'S OFFICE

STARTING ALLERGY INJECTION

1. Patients have received first dose and vial test at Dr. Nofsinger's office. They have been instructed to bring the injection vials and recording sheet to your office.
2. Please keep a record of the quantity injected and the immediate (after 30 minutes) and delayed reactions (record just prior to the next dose) on the arm.
3. Increase the allergy injection dose gradually according to the "non maintenance" schedule and once the patient has attained the maintenance dose, follow the "maintenance" schedule.
4. Keep injection vials refrigerated at all times.
5. Patients should receive an injection once a week.
6. **When patient receives the first 0.50 cc dose, please fax the Allergy Injection Recording Sheet to Dr. Nofsinger's office. Patient should also be instructed to make an appointment at Dr. Nofsinger's office to pick up new allergy injection vials. Ideally, there should be no interruption in the weekly injection schedule.**
7. When the patient receives the last dose, discard the vials and send all completed paperwork with the patient to our office. We will keep the allergy injection record in the patient's allergy file. We will give the first injection from the new vial at Dr. Nofsinger's office. The patient will be given the new vials. This process will continue until the patient attains the maintenance vial, at which point, the patient may take the vials home and self-administer it.
8. Please refresh office staff on your anaphylaxis protocol.
9. Patients are instructed to carry the Epinephrine Autoinjector on the day of the allergy shot.
10. Please call us with any questions.

ALLERGY INJECTION PROTOCOL

Every patient must be asked next five questions prior to each injection

1. "How are you feeling today?"
Any patient with acute illness, recent immunization, or asthma flare up cannot receive allergy shot. Return following week.
2. "Are you taking any new medications?"

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Any patient who is taking a Beta Blocker (oral, inhaled, eye drops) cannot receive allergy shot.

3. Any problems with your last injection?
Inquire about any delayed local or systemic reaction and document on sheet.
4. If pregnant, patient will need medical clearance from obstetrician. Continue with weekly allergy injections without advancing dose.
5. “Have you noticed any changes to your allergy symptoms?”
Record specific symptom: “Better breathing” “Less headaches”.
6. Do you have your Epinephrine Autoinjector (Epi Pen or Twinject) with you today?

GIVING ALLERGY INJECTION

1. Check name on vial and treatment sheet.
2. Show patient the vial and confirm name and the number of vials.
3. Double check dose and have another person confirm the dosage.
4. Technique for Allergy Injection:
 1. Grasp upper arm with left hand.
 2. Place needle into the subcutaneous fat (not muscle) in the posterior upper arm.
 3. Slowly inject.
 4. Once the syringe is empty, then slowly pull out the needle.

Keep multiple injections on the arm separated by two inches. If there is a large local reaction, then you will be able to figure out which vial caused it.

First Vial	Right upper arm
Second Vial	Left upper arm
Third Vial	Right lower arm
Fourth Vial	Left lower arm

5. Monitor patient for 30 minutes.
6. Record any local reaction. Measure size of wheal and record if greater than a quarter.

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ALLERGY INJECTION REACTIONS

1. **Immediate and Delayed Local Reaction**

If a sore area occurs around the injection site, but is gone in a few hours, continue to increase the dose per schedule.

If a small arm reaction occurs and is still present the next day, repeat the same dose. If this reaction occurs again with the repeated dose, drop back to the previous (lower volume) dose. Then, at the next dose, increase dose by .02, and then the following week, increase dose by .03.

If a red, swollen, local reaction, the size of a 50 cent piece occurs, and is still present 2 to 3 days later, the dose should be decreased at the next injection to the previous lower volume dose which did not cause any reaction. This dose amount become the maximum tolerated dose and the maintenance dose. This amount will be continued for at least 2 to 3 months before trying to increase the dose again.

2. **Systemic Reaction**

If mild systemic reaction occurs (itchy eyes, nose, throat, skin, dizziness), then decrease dose to previously tolerated. On the subsequent visit, increase by .02, then .03, then back on the regular injection schedule.

If severe reaction (hypotension, bronchospasm), discontinue immunotherapy. Anaphylaxis usually occurs within 15-20 minutes after injection. See emergency protocol

MISSED DOSES

If a patient who is NOT at maintenance misses the scheduled injection by:

One week, repeat the last dose.

Two weeks, decrease by one dose

Three weeks or more, restart at the beginning dose for that vial.

If a patient at maintenance misses the scheduled dose by:

One week, proceed according to schedule.

Two weeks, decrease by one dose (0.05cc)

Three weeks, decrease by 2 doses (0.10cc)

Four weeks, decrease by 4 doses (0.20cc)

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ALLERGY INJECTION DOSING SCHEDULE
ALL VIALS
NOT MAINTENANCE

Week 1: 0.05cc
Week 2: 0.10cc
Week 3: 0.15cc
Week 4: 0.20cc
Week 5: 0.25cc
Week 6: 0.30cc
Week 7: 0.35cc
Week 8: 0.40cc
Week 9: 0.45cc
Week 10: 0.50cc
Week 11: 0.50cc
Week 12: 0.50cc

*Patients should receive at least three doses at .50cc before advancing to the next stronger vial.

**Patient starting their maintenance vial would complete this allergy injection schedule first and then change to the maintenance vial schedule with their second maintenance vial.

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ALLERGY INJECTION DOSING SCHEDULE
AT MAINTENANCE

Week 1 0.25 cc

Week 2 0.50 cc

Week 3 0.50 cc

Week 4 0.50 cc

Continue this dose until the vial is empty.

At the maintenance dose, patient can take vials home and self-administer it.