

TO BE COMPLETED BY CLINICAL IMMUNOLOGY/ALLERGY SPECIALIST

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Referring specialist name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact phone number of referring specialist: \_\_\_\_\_

Allergen(s): \_\_\_\_\_

Projected duration of immunotherapy (years): \_\_\_\_\_ Planned completion date: \_\_\_\_\_

## DOSING SCHEDULE (specialist to attach to this document)

## REQUIREMENTS FOR ADMINISTERING SCIT

- Staff to monitor the patient for \_\_\_\_\_ minutes after injection (*minimum of 30 minutes*)
- 1:1000 adrenaline ampoules, 23G needles, 1mL syringes or adrenaline autoinjector for intramuscular administration of adrenaline
- Needles for subcutaneous administration of allergen - suggest insulin syringes or 26/27G needles and 1mL syringes
- Other equipment (IV cannula, IV 0.9% saline, oxygen, sphygmomanometer)
- Equipment to maintain an airway appropriate for supervising physician's expertise and skill
- Oral non-sedating antihistamines and oral corticosteroids

**A medical practitioner must be on-site during the administration and entire waiting period**

## PATIENT CHECKLIST

- Check patient has been attending on schedule and whether the patient had any reaction following the last injection
- Check patient and defer injection if:
  - Systemically unwell and/or febrile (>38°C)
  - Asthma symptoms and/or peak flow <80% best prior to injection
- Do not give injection and contact specialist if:
  - Patient now pregnant
  - Patient commenced on B-blockers (including topical) or ACE inhibitors
  - Anaphylaxis with most recent immunotherapy injection
- Ensure recent weight (kg) available to calculate adrenaline dose in case patient has anaphylaxis
- Double check (doctor/nurse and patient/guardian) correct allergen, concentration, dose and expiry date

## ADMINISTRATION

- Ensure extract is gently but thoroughly mixed prior to injecting
- Ensure sterile technique (allow alcohol to dry before injection)
- Recommend using insulin syringe: if not available use 26/27G needles and graduated 1 mL syringes
- Use middle third of posterior upper outer arm, pull the skin up and inject at 45° by deep subcutaneous route in the posterior aspect of the middle third of the arm
- Gently draw back plunger before injecting: if blood appears, withdraw the needle and select a new site (This is different to vaccination technique)
- Inject slowly and do not massage the injection site
- Either arm may be used and could be alternated: if two injections are required, use both arms
- Document date, time, dose and site of administered injection(s)



**For information on management of adverse reactions and recommended actions see page 2 of this treatment plan.**

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## MANAGEMENT OF ADVERSE REACTIONS

**Symptomatic local swelling** – consider ice pack, oral non-sedating antihistamine and/or paracetamol

**Mild or moderate systemic reaction** (e.g. rhinitis, flushing, urticaria) – oral non-sedating antihistamine and observe until resolution of symptoms

**Severe systemic reaction:** If any one of the following signs of anaphylaxis are present, lay patient flat (or if breathing difficulty allow to sit), give 1:1000 adrenaline IMI (0.01mg/kg to a maximum of 0.5mg), call ambulance, and then administer ancillary treatment

- Difficult/noisy breathing
- Wheeze or persistent cough
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Hypotension
- Difficulty talking and/or hoarse voice
- Abdominal pain

Ancillary treatment may be given after adrenaline. IV/IM promethazine **should not** be used as can worsen hypotension and cause muscle necrosis.

## RECOMMENDED ACTIONS

If at any stage you are uncertain about what dose to administer, always call a specialist to discuss.

<b>Missed doses during build-up phase (&gt; 14 days since last injection):</b>	
Missed 1 dose	Repeat previous dose*    OR    _____
Missed 2 doses	Reduce by one dose*    OR    _____
Missed 3 doses	Go back 2 doses*    OR    _____
Missed 4 doses	Call specialist to discuss
*Once dose is given, then next dose should be as per the dosing schedule provided by the specialist	
If < 14 days since last injection, give next dose as per schedule	
<b>Missed doses during maintenance phase (&gt; 5 weeks since last injection):</b>	
Missed 1 dose	Reduce by 25%*    OR    _____
Missed 2 doses	Reduce by 50%*    OR    _____
Missed 3 doses	Reduce by 75%*    OR    _____
Missed 4 doses	Call specialist to discuss
*Once dose is given, then next dose should be as per the dosing schedule provided by the specialist	
If < 5 weeks since last injection, give next dose as per schedule	
<b>New vial (maintenance dose)</b>	
No reduction in dose	
Reduce first injection by ____% and then continue with regular maintenance dose if tolerated	
<b>Large local reaction** (&gt; 10 cm)</b>	
No reduction and continue with next scheduled dose	
Repeat same dose at next visit (during up-dosing) and continue with next scheduled dose	
Reduce next injection by ____% and then continue with next scheduled dose	
<b>**If ongoing or repeated problems, contact specialist</b>	
<b>Additional instructions:</b> _____	