

FWMI

Allergy, Asthma, Immunology Center

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SUGGESTED SCHEDULE FOR INITIATING ALLERGY HYPOSENSITIZATION

Below you will find suggested schedule for the administration of allergy extract. Please use the attached form to record the date, dilution, actual dose given, and any reactions. If there are any questions or problems not answered in the information below, please contact our office at 260-483-4433 and we will be happy to assist you.

1:50,000 Bottle		1:5,000 Bottle		1:500 Bottle		1:50 Bottle	
1st dose	0.05cc		0.05cc		0.05cc		0.05cc
2nd dose	0.10cc		0.10cc		0.10cc		0.10cc
3rd dose	0.15cc		0.15cc		0.15cc		0.15cc
4th dose	0.20cc		0.20cc		0.20cc		0.20cc
5th dose	0.25cc		0.25cc		0.25cc		0.25cc
6th dose	0.30cc		0.30cc		0.30cc		0.30cc
7th dose	0.35cc		0.35cc		0.35cc		0.35cc
8th dose	0.40cc		0.40cc		0.40cc		0.40cc
9th dose	0.45cc		0.45cc		0.45cc		0.45cc
10th dose	0.50cc		0.50cc		0.50cc		0.50cc
11th dose							0.50cc
12th dose							0.50cc
13th dose							0.50cc
14th dose							0.50cc

Instructions:

1. Use TB syringe and inject into subcutaneous fat of upper arm, preferably using a 26 or 27 gauge 5/8" needle. Withdraw slightly to make sure needle is not in vein.
2. PATIENTS SHOULD ALWAYS BE INSTRUCTED TO WAIT AT LEAST 20 MINUTES IN YOUR OFFICE AFTER ANY ALLERGY INJECTION.
3. In general, injections should follow at 3-7 day intervals until maintenance level is reached in 10-12 months. If the patient is exquisitely sensitive to ragweed or to grass, do not increase the level of that shot during the height of that pollen season (mid August to mid September; mid May to mid June respectively). Do not give injection if patient is wheezing or ill with temp >101F.
4. If dose is 2-3 weeks late, repeat the previous dose provided they had no previous reactions. If the dose is 4 weeks late, decrease dose by 0.10cc. If over 4 weeks late, please contact our office.
5. Mild local reactions may occur. If the patient develops a local reaction larger than a quarter, that dose should be repeated the next week. If there is any systemic reaction such as a flare up of symptoms, generalized pruritus, or hives, the next week dose should be reduced 2-3 levels and our office notified. If there is no reaction at this lower level, increase the subsequent shots by 0.05cc each time. If the reactions continue, please ask the patient to make an appointment with us. PLEASE HAVE THE PATIENT BRING BOTH THE EXTRACT AND THE SHOTS RECORD.
6. Rarely patients may experience a flare up in symptoms some hours after injection, e.g. increasing asthma in the evening following the office visit. Manage as for acute systemic reaction.
7. Some patients are steadfastly intolerant of high doses. In such cases, it may be necessary to compromise on maintenance treatment at lower levels.
8. Once patients achieve maintenance and begin a new bottle at the SAME concentration, begin the new bottle at .05cc. Increase dose by .05cc each shot till 0.50cc or maintenance is achieved.
9. Benadryl Rinse: Drawing a diphenhydramine solution in and out of a syringe 2 or 3 times MAY alleviate local reaction at injection site. This is to rinse sterile unused syringes only, do not inject diphenhydramine.

Patients are responsible for any/all shipping fees. This is a courtesy service and we do NOT bill insurance.