

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 doctor'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 _____ L/min (<80% best) prior to injection.
- Do not give injection and contact specialist if:
 - Patient now pregnant and not yet stable on maintenance therapy.
 - Patient commenced on B-blockers (including topical) since treatment initiation.
 - 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.
- Each vial contains multiple doses and should not be discarded until the final dose has been given.
- 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. This is unlike vaccine injection technique, where drawing back is not necessary. If blood appears, withdraw the needle and select a new site.
- 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.

Signs of Anaphylaxis:

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

Ancillary treatment may be given after adrenaline. IV/IM promethazine should not be used as it 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 for advice.
- For missed doses during the build-up phase of immunotherapy, the treating specialist should generally be contacted, unless specific advice regarding this has been provided.

Missed doses during build-up phase (> 14 days since last injection):

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, the 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.

Missed doses during maintenance phase - select Option A or B::

OPTION A

- If less than 6 weeks since last dose and all other criteria meet, administer the usual maintenance dose.
- If more than 6 weeks since the last injection call supervising specialist for advice.

OPTION B

- If less than 6 weeks since last dose and all other criteria meet, administer the usual maintenance dose.
- If 6 - 12 weeks since last dose give ____ mL (or 2 missed doses)*
- If 12 - 16 weeks since last dose give ____ mL (or 3 missed doses)*
- If more than 16 weeks (4 months since last dose), do not administer. Call specialist to discuss.

* Recommend calling specialist for advice regarding timing and volume of subsequent dosing.

New vial (maintenance dose).

No reduction in dose.

Reduce first injection by ____% and then continue with regular maintenance dose if tolerated.

Large local reaction (> 10 cm).**

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.

**If ongoing or repeated problems, contact specialist.

Additional instructions: _____