

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.

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