



Instructions for Administering Allergy Injections

Patients on allergy injections should not take beta-blockers.

Storage: Keep extracts in the refrigerator at all times, but do not freeze. If possible, remove vial from the refrigerator about 15 minutes before injection to allow the antigen to warm a little.

Injections: Use disposable allergy syringes (not tuberculin or insulin syringes) with a 26G, 27G or 28G (our choice) ½ inch needle. Give injections at a 45-to-90-degree angle, subcutaneously – not too shallow – into the middle third of the upper arm, lateral or posterior area, not into the muscle.

Patients must wait after injections. See “Observe and Document”

Site: Alternate arms if only one injection is given.
Otherwise, **Vial 1** should always be given in the *right arm* and
Vial 2 should always be given in the *left arm*.

Frequency: Ideally, injections should be given every **five to seven** days. However, patients at maintenance level may extend the interval to **two or three** weeks if they remain symptom-free that long.

Time Lapse: In for some reason there is a lapse in the routine, see the **“Guide for Resuming Injections”** on the reverse side of the patient’s dose schedule.

New Vial: Extracts are good for 3 months if refrigerated. However, they do lose potency. Therefore, when a patient starts a new vial, the first doses are lowered on the new dose schedule sheet. This adjusts for the fresher, and therefore more potent, allergens.

Dosage: A dosage schedule accompanies each vial. Read comments made after the previous injection and **always ask the patient about delayed reactions in case** a dose reduction is needed. Never exceed the 0.50 cc maximum dose.

“Build-Up” treatment begins at **Level 1** with a 0.05 cc dose. If injections are well tolerated, dosage will increase by 0.05 cc each week to the maximum 0.50 cc dose (which must be reached before starting **Level 2** at a 0.05 cc dose, etc.).

If the patient is not tolerating the injection at a certain point, refer to “Reactions” and “Dose Adjustments” on reverse of this page. Do not hesitate to call us.

“Maintenance Level” vials begin at dose 0.1 cc lower than the **last dose** given from the prior vial (noted on the new schedule). The printed dose sheet assumes a starting point of 0.40 cc, which may need to be altered. See Maintenance (reverse of this page).

Maintenance: We advance a patient's doses in order to stimulate the immune system. When relief from symptoms is attained for a period of at least a week at a certain dosage, that dosage becomes the "maintenance" dosage. A patient may eventually be able to extend the interval between injections, and ultimately discontinue immunotherapy.

Observe and Document: The patient should remain in the doctor's office for at least **10 minutes after an injection while on the build-up schedule**, in order to be under your observation for possible adverse reactions.

After this time, please examine the injection site. Note any local or generalized reactions (see below), and mark comments on the dose sheet accordingly. Ask the patient to note any delayed reactions, and the duration. Take these facts into consideration at the time of the next injection.

Mild Reactions: A patient's sensitivity to allergenic extracts change from time to time. Therefore, on some occasions a dose may be a little too large. In such a case, the patient may have **sneezing or a watery, blocked nose and sometimes a clearing of mucus from the trachea or throat. Such a reaction would usually occur within 10 minutes after injections are given and always with 6 to 8 hours.** If this occurs, the patient may take a decongestant antihistamine for relief. This reaction **may be due to increased exposure to one of the patients' allergens and will usually not be repeated with increasing doses.** Too low of a dose may also provide symptoms early in therapy. However, stomach pain or cramps, diarrhea, sleepiness, fever, headaches, aching pains, etc. do not occur as a result of these injections.

Dose Adjustment: Another sign of slightly too large of a dose could be **redness or soreness around the injection site. If the redness is the size of a quarter or larger, and lasts more than 24 hours, drop to previous reaction-free dose.** Continue at the lower dosage only if the patient is allergy symptom-free. If the patient is not symptom-free and is not having localized reactions, increase dosage again on the third injection. If a local arm reaction occurs again, call our office for further instruction. Any reaction that lasts less than 24 hours is usually due to skin sensitivity and the dose should not be lowered unless the reaction causes intolerable discomfort to the patient.

Serious Reactions: **Asthma or anaphylactic reactions:**
If **asthma** is precipitated by an injection, **do not give another injection** until the patient is seen in our office.
Anaphylactic (severed systemic) **reactions**, although very rare, are possible. Therefore, epinephrine should be available for subcutaneous injection:

<p style="text-align: center;">Epinephrine 1:1,000 dilution</p> <p>Adult normal dose is 0.3cc Pediatic usual dose is 0.1 cc or 0.01 cc/kg The effect of these doses last about 5 to 10 minutes. Be prepared to repeat</p>
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Questions? Please feel contact us if at any time you have questions or comments concerning a patient's treatment or progress.