

## Outside Office Allergy Shot Policy – Raleigh Capitol ENT

Instructions for Giving Allergy Immunotherapy Injections at Outside Office  
 (PLEASE GIVE THIS TO THE ADMINISTERING PHYSICIAN)




### Technique:

1. Use a separate 1 ml disposable syringe and a 26-27 gauge ½ inch needle for each injection.
2. Carefully withdraw the proper amount from the appropriate vial.
3. Cleanse the area with an alcohol swab prior to giving the injection and give the injection. SUBCUTANEOUSLY in the posterior aspect of the middle third of the arm.
4. Gently draw back on the plunger and if blood appears, withdraw the needle and select a new site. Slowly inject the extract, withdraw the needle. Do not massage the area. Either arm may be used or the arms may be alternated
5. Each patient is required to wait at least 30 minutes in the medical facility after receiving an allergy injection so that he or she can be checked for local and systemic reactions and treated appropriately and promptly.
6. DO NOT give an allergy injection unless a physician is present for the entire 30-minute waiting period.

Allergy extracts should be refrigerated between 36-46°F (2-8°C) at all times. Avoid their exposure to direct sunlight, extreme heat or freezing. Do not administer expired allergy extracts.

### Management of Local Reactions:

#### Grading & Management of Reactions:

Document Reaction As:	Size:		Action:
Negative	Swelling up to 15mm		Continue build-up dosing
Small Local	15-20mm		Repeat previous dose
Medium Local	25mm		Return to last dose that caused no reaction
Large Local	Swelling lasting more than 12 hr or over 25mm	Bigger than quarter	Reduce previous dose by 50%
Systemic Reaction	Hives, sneezing, generalized itching, asthma, difficulty breathing, shock		Anaphylaxis protocol by giving 0.01 mL/kg of 1:1000 epinephrine subcutaneous. Patient to schedule appointment with physician to discuss reaction and injection schedule.

If reaction occurs again, patient should return to see prescribing physician with dosage sheet.

NOTE: A lump or swelling with erythema is not as significant as a lump with a wheal (a wheal has a hive-like appearance). The wheal is the most significant part of the local reaction. If the wheal has pseudopods or is surrounded by hives, consult the office.

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**Management of Systemic Reactions:**

Systemic reactions resulting from injections occur occasionally in the course of treating allergic patients. Almost all reactions occur within 30 minutes after the injection. Symptoms may include itching of the palms, hands or other body parts, sneezing, coughing, hives, swelling of the lips or other body parts, wheezing or shortness of breath. With severe reactions, acute asthma or a drop in blood pressure (anaphylaxis) may occur.

1. At the first sign of a systemic reaction, epinephrine should be administered immediately.
2. Epinephrine should be given intramuscularly into the outer aspect of the thigh at the appropriate dose
  - a. Epinephrine 1:1000 for IM injection about 0.2 mL for children 6 to 12 years, 0.3 mL for patients older than 12
3. Epinephrine should be repeated if marked improvement does not occur within minutes.
4. Any hypotension or loss of consciousness should be treated first with epinephrine, followed by rapid intravenous infusion of normal saline.
5. Oxygen should be administered if respiratory or circulatory compromise occurs.
6. Antihistamines, glucocorticoids, vasopressors and other medications may be necessary for severe reactions.
7. Occasionally, intubation and cardiopulmonary resuscitation may be necessary.
8. After any systemic reaction, additional shots should not be given until the patient has returned to this office with all records for reevaluation.

**Missed Injections:**

**Dose Adjustment Protocol for Missed Doses During Build-up:**

Days After Last Dose:	Action:
Up to 14 days (up to 2 weeks)	Continue build-up dosing
14 to 28 days (2-4 weeks)	Repeat previous dose
29 to 35 days (4-5 weeks)	Reduce previous dose by 50%
36 to 49 days (6-7 weeks)	Reduce previous dose by 75%
50 to 56 days (7-8 weeks)	Reduce previous dose by 90%
More than 8 weeks	Contact prescribing physician

**Dose Adjustment Protocol for Missed Doses During Maintenance:**

Days After Last Dose:	Action:
Up to 28 days	Continue maintenance dose
29 to 42 days	Reduce previous dose by 25%
42 to 49 days	Reduce previous dose by 50%
50 to 56 days	Reduce previous dose by 75%
More than 57 days	Contact prescribing physician

**NOTE: If any patient has a history of previous systemic reactions or severe asthma, contact our office to discuss if any additional dose modification is necessary.**

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**Example Vial Build-Up:**

1. Build up from most dilute to maintenance:
  - a. Silver 1:10,000 v/v → Green 1:1000 v/v → Blue 1:100 v/v → Yellow 1:10 v/v → Red 1:1 v/v
  - b. Some patients will start at green rather than silver, depending on their treatment plan. This will be clearly stated on their prescriptions
  - c. Patients may come no more than two times in a week during their build-up with at least 48 hours between injections. Recommended that they take an over-the-counter antihistamine at least 2 hours before their injections when they are coming more than once per week for build-up.

<b>Dilution Color</b>	1:10,000 (v/v) Silver	1:1000 (v/v) Green	1:100 (v/v) Blue	1:10 (v/v) Yellow	Maintenance 1:1 (v/v) Red
<b>Vial Number</b>	5	4	3	2	1

**Additional Considerations:**

1. Refrigeration: If extract is exposed to extreme heat or cold, or if the extract becomes cloudy, notify the office. When transported the vials need to be kept in a cooler and immediately refrigerated upon arrival to destination.
2. Expiration Date: Extracts have an expiration date and should not be used beyond that date.
3. New Serum: For each new maintenance vial reduce volume administered by 40%, then build back up to maintenance following Schedule C – Maintenance as noted below

Schedule A	Schedule B	Schedule C
<b>Standard Build-Up</b>	<b>Slower Build-Up</b>	<b>Maintenance*</b>
0.05 mL	0.05 mL	0.30 mL
0.10 mL	0.10 mL	0.40 mL
0.20 mL	0.15 mL	0.50 mL
0.30 mL	0.20 mL	0.50 mL
0.40 mL	0.25 mL	0.50 mL
0.50 mL	0.30 mL	0.50 mL
Go to Next Vial	0.35 mL	0.50 mL
	0.40 mL	0.50 mL
	0.45 mL	0.50 mL
	0.50 mL	0.50 mL

**\*When the maximum tolerated dose or a dose of 0.50 mL of vial #1 RED has been achieved, injections should be administered every 4 weeks following SCHEDULE C – Maintenance Schedule**

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**Additional Considerations Continued:**

4. **Beta Blockers:** Beta blockers used concomitantly with allergy immunotherapy are a potential problem because the medications potentiate anaphylaxis. **ADVISE OUR OFFICE IF THE PATIENT IS TAKING ANY BETA BLOCKERS OR ANY OTHER MEDICATION THAT YOU HAVE QUESTIONS ABOUT.**
5. **Pregnancy:** If the patient becomes PREGNANT, have her schedule an appointment to discuss her shots.
6. **DO NOT GIVE ALLERGY INJECTIONS IF PATIENT IS WHEEZING OR FEBRILE.**
7. **PATIENT SHOULD NOT EXERCISE FOR 2 HOURS AFTER RECEIVING A SHOT.**
8. **ALWAYS SEND DOSAGE SHEET AND REMAINING VIALS WITH THE PATIENT WHEN HE OR SHE IS RETURNING TO OUR OFFICE FOR NEW VIALS OR DOSAGE ADJUSTMENT**

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**Outside Office Allergy Shots Policy Consent Form**

By signing below to start or re-start immunotherapy (allergy injections) from Raleigh Capitol ENT I am acknowledging and consenting to the following:

- I have reviewed the Raleigh Capitol ENT Immunotherapy Shot Information regarding immunotherapy; I agree to follow and abide by all Raleigh Capitol ENT Immunotherapy policies.
- I have had an opportunity to ask my physician questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.
- I understand Immunotherapy will only be administered with a medical physician present since occasional reactions may require immediate treatment. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the last under extreme conditions. Reactions, even though unusual, can be serious but rarely fatal.
- I agree to take my antihistamine on my shot days at least 1 hour prior to receiving my shot.
- I agree to update the nurse prior to receiving my shot of any changes to my medication intake or medical history; including the addition of BETA BLOCKERS or the possibility that I may be PREGNANT.
- I agree to WAIT for 30 MINUTES after each injection inside the medical facility; unless otherwise indicated ALL MINORS MUST BE ACCOMPANIED by a parent/guardian (see back) for their entire shot visit inside the medical facility. Failure to wait the required amount of time after an injection may make it necessary to modify your treatment.
- I will report any and all adverse reactions to the staff immediately.
- I acknowledge once I sign this consent form, I am financially liable for all costs associated with my immunotherapy treatment (Raleigh Capitol ENT will file any in network insurance that has been provided to them).
- By signing below, I am stating that I am aware of the Raleigh Capitol ENT Immunotherapy Policy and agree to abide by it.
- Furthermore, I affirm that I will not attempt to have my shots administered by anyone other than then the office of the licensed physician indicated below. If I need to transfer to another physician, I will contact Raleigh Capitol ENT for further instructions and to have a new consent form completed by the new physician.

Patient Name: \_\_\_\_\_

Patient Signature/Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Parent/Guardian Signature & Relationship if patient is a minor (For Minors See Back for More Information)

Shot Location:  Other

\*\*Signed Consent (below) MUST be received PRIOR to Vials being made if new start or new set of vials are due

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

By signing below, I have read the “Raleigh Capitol ENT-Outside Office Policy” (4 pages) and I agree to adhere to said policy; I also agree that there will be a licensed physician on site at all times of administration and 30-minute post administration wait time for allergy injections; my office will fax Raleigh Capitol ENT updated IT administration logs as requested and call with any questions regarding dosing, schedule and reactions.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Initial dose MUST be administered in our office

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