

THE TANKERSLEY CLINIC SCHEDULE AND DOSAGE ADJUSTMENTS

Inject from **Green** vial 1:1,000 v/v every 2-7 days according to the below schedule. (Least concentrated)
 Inject from **Blue** vial 1:100 v/v every 2-7 days according to the below schedule. ↓
 Inject from **Yellow** vial 1:10 v/v every 2-7 days according to the below schedule. (Most concentrated)
 Inject from **Red** vial 1:1 v/v every 2-7 days according to the below schedule.
 Patient to receive immunotherapy for: Trees Grasses Weeds Molds Dust mite Cat Dog Cockroach IFA Other: _____
 This treatment program may be continued without a physician's re-evaluation until _____
 In addition to this prescription, continue or start the following immunotherapy: _____
 Medical treatment facility where immunotherapy will be given (send to): _____

"A" BUILD-UP SCHEDULE

	GREEN VIAL 1:1,000 v/v	BLUE VIAL 1:100 v/v	YELLOW VIAL 1:10 v/v	RED VIAL 1:1 v/v
	0.05 mL 0.3 mL	0.05 mL 0.3 mL	0.05 mL 0.3 mL	0.05 mL 0.3 mL
	0.1 mL 0.35 mL	0.1 mL 0.35 mL	0.1 mL 0.35 mL	0.1 mL 0.35 mL
	0.15 mL 0.4 mL	0.15 mL 0.4 mL	0.15 mL 0.4 mL	0.15 mL 0.4 mL
	0.2 mL 0.45 mL	0.2 mL 0.45 mL	0.2 mL 0.45 mL	0.2 mL 0.45 mL
	0.25 mL 0.5 mL	0.25 mL 0.5 mL	0.25 mL 0.5 mL	0.25 mL 0.5 mL

Instructions for the Administration of Immunotherapy

1. A physician, nurse practitioner or physician's assistant must always be immediately available.
2. All patients must remain in the clinic at least 30 minutes after an injection. Documentation of checkout time is on the front of this form.
3. Use a 26- to 27-gauge 1/2- or 3/8-inch needle and give injection subcutaneously at a 45 degree angle in the posterior portion of the middle third of the arm at the junction of the deltoid and triceps muscles. This location tends to have a greater amount of subcutaneous tissue than adjacent areas.
4. Record date, build-up schedule, vial concentration and color, volume and arm injected, time injected and time released, initials of nursing staff administering injection, initials of nursing staff checking the injection site(s) at 30 minutes and reaction, if any, on the front of this form.
5. **MAINTENANCE SCHEDULE:** Once a patient who is receiving inhalant allergen immunotherapy reaches a maintenance dose, an interval of 2 to 4 weeks between injections is recommended, provided clinical improvement is maintained. The interval between allergen immunotherapy injections should be individualized to provide the greatest efficacy and safety for each patient. For patients on a maintenance dose (e.g. 0.5 mL 1:1 v/v), the shortest interval for their next maintenance injection is 7 days though monthly injections are standard.
6. **DOSE ADJUSTMENT: For patients on build-up or maintenance**

Length of time since last injection (if patient is NOT on maintenance)

- 1-14 days – increase according to schedule
- 15-28 days – repeat last dose
- 29-35 days – decrease by one dose
- 36-42 days – decrease by two doses
- 43-49 days – decrease by three doses
- 50-56 days – decrease by four doses
- 57-84 days – decrease by one vial, same volume
- 85-112 days – decrease by two vials, same volume
- >112 days – start all over (i.e. 0.05 mL 1:1,000 v/v, green vial)

Length of time since last injection (if patient IS on maintenance)

- 1-42 days – repeat maintenance dose
- 43-49 days – decrease by one dose
- 50-56 days – decrease by two doses
- 57-63 days – decrease by three doses
- 64-70 days – decrease by four doses
- 71-84 days – decrease by one vial, same volume
- 85-112 days – decrease by two vials, same volume
- >112 days – start all over (i.e. 0.05 mL 1:1,000 v/v, green vial)

7. **GRADING & MANAGEMENT OF REACTIONS:**

- **"LR"** = Local reaction: *Induration < the size of the patient's palm* - Advance according to schedule and do not dose adjust
 - **"LLR"** = Large local reaction: *Induration > the size of the patient's palm* – Advance according to schedule and do not dose adjust
Physician evaluation: provide symptomatic treatment (antihistamine for itching/ibuprofen for pain/cold compress at site)
 - **"Systemic Reaction"**: *any signs or symptoms outside of the injection site (e.g. ocular, nasal, cutaneous, respiratory, GI, hypotension and/or loss of consciousness)*. Immediately give **epinephrine 1:1,000 IM** in a dose of 0.01 mL/kg (usually 0.3 mL for adults; 0.15 mL for children). **NOTIFY THE PHYSICIAN!** Epinephrine can be repeated every 5-10 minutes, if necessary. For the next immunotherapy injection, decrease the concentration by 1 vial (10-fold dilution) and give the same volume as the previous injection. Example: if the patient had a systemic reaction to 0.3 mL of 1:1 v/v (Red vial) then decrease the dose to 0.3 mL of 1:10 v/v (Yellow vial) at the next visit and then advance according to the build-up schedule. Contact Dr. Mike Tankersley before administering the next injection if the PCP if the patient receives injections in your office.
8. If the patient has repeated immediate or late injection reactions that prevent progression of treatment, or there are any questions about the appropriate adjustment, please contact Dr. Mike Tankersley.
 9. **REFILLS:** When starting a new refill vial, decrease dose by 50%, then increase according to build-up schedule. If the patient is also late for their injection, the total decrease is a 50% decrease because of new vial PLUS an additional decrease depending on time since last injection per instructions in section 6 above "DOSE ADJUSTMENT".
 10. **WARNING:** Immunotherapy should not be given to patients on beta-blockers. Notify The Tankersley Clinic if the patient becomes pregnant.