

THE TANKERSLEY CLINIC IMMUNOTHERAPY TREATMENT RECORD

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Name of Patient (Last, First, MI) DOE, JOHN	Date of Birth 05-13-1987	Schedule A	Vial Number __1__ of __1__
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Diagnosis: ALLERGIC RHINITIS Asthma (circle): yes no	Maintenance dose: 0.5 mL 1:1 v/v
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Allergen Extract Contents (Circle): Tree Grass Weed Mold Dust Mite Cat Dog Cockroach
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Date M-D-YR	Schedule A	Concentration vol/vol (v/v)	Color R, Y, B, or G	Dose mL	Arm Left Right	Check In			Check Out		
						Nursing Initials	Time In	Time Out	Reaction/Comments	Nursing Initials	
1-4-21	A	1:1,000	G	0.05	Left Right	LH		0800	0830	Negative (N)	LH
1-7-21	A	1:1,000	G	0.1	Left Right	LH		0817	0850	N	LH
1-11-21	A	1:1,000	G	0.15	Left Right	LH		0845	0917	N	LH
1-14-21	A	1:1,000	G	0.2	Left Right	ZM		0902	0933	N	ZM
1-18-21	A	1:1,000	G	0.25	Left Right	LH		0800	0830	N	LH
1-21-21	A	1:1,000	G	0.3	Left Right	LH		0845	0917	N	LH
1-25-21	A	1:1,000	G	0.35	Left Right	LH		0902	0933	N	LH
1-28-21	A	1:1,000	G	0.4	Left Right	LH		0817	0850	N	LH
2-1-21	A	1:1,000	G	0.45	Left Right	LH		0805	0835	N	LH
2-4-21	A	1:100	B	0.5	Left Right	LH		0800	0830	Local Reaction (LR)	LH
2-8-21	A	1:100	B	0.05	Left Right	LH		0845	0917	N	JL
2-11-21	A	1:100	B	0.1	Left Right	ZM		0902	0933	N	JL
2-15-21	A	1:100	B	0.15	Left Right	LH		0817	0850	N	LH
2-18-21	A	1:100	B	0.2	Left Right	LH		0805	0835	N	LH
2-22-21	A	1:100	B	0.25	Left Right	LH		0845	0917	N	LH
2-25-21	A	1:100	B	0.3	Left Right	LH		0800	0830	N	LH
3-1-21	A	1:100	B	0.35	Left Right	LH		0902	0933	N	LH
3-4-21	A	1:100	B	0.4	Left Right	LH		0805	0835	N	LH
3-8-21	A	1:100	B	0.45	Left Right	LH		0817	0850	N	ZM
3-11-21	A	1:10	Y	0.5	Left Right	LH		0845	0917	N	ZM
3-15-21	A	1:10	Y	0.05	Left Right	JL		0800	0830	N	LH
3-18-21	A	1:10	Y	0.1	Left Right	LH		0805	0835	LR	LH
3-22-21	A	1:10	Y	0.15	Left Right	LH		0902	0933	N	LH
3-25-21	A	1:10	Y	0.2	Left Right	LH		0817	0850	N	LH
3-29-21	A	1:10	Y	0.25	Left Right	JL		0845	0917	N	LH

NOTES ON DOCUMENTATION

1. For dose administered, lead decimal points with a zero but never follow decimal points with a zero (wrong: .1 or .10 or 0.10)
2. Alternate arms if only on 1 injection; use the same arm if on 2 or more injections
3. Use military time for time and time out should NEVER be <30 minutes
4. Staff who gives/checks should always list initials

LH: Luci Hazel, MA

ZM: Zeke Michael, MA

JL: Jessie Lee, MA

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. (Most concentrated)

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.