

TREATMENT PLAN FOR Subcutaneous Allergen Immunotherapy (SCIT)



TO BE COMPLETED BY CLINICAL IMMUNOLOGY/ALLERGY SPECIALIST

Date: DD/MM/YYYY
Signature:
Planned completion date: DD/MM/YYYY

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 doctor's expertise and skill.
- Oral non-sedating antihistamines and oral corticosteroids.

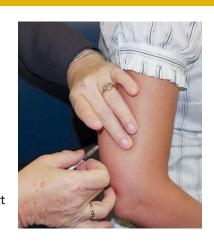
A medical practitioner must be on-site during the administration and entire waiting period.

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:
 - o Systemically unwell and/or febrile (>38°C).
 - o Asthma symptoms and/or peak flow_____ L/min (<80% best) prior to injection.
- Do not give injection and contact specialist if:
 - o Patient now pregnant and not yet stable on maintenance therapy.
 - o Patient commenced on B-blockers (including topical) since treatment initiation.
 - o 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.
- Each vial contains multiple doses and should not be discarded until the final dose has been given.
- 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 <u>subcutaneous route</u> in the posterior aspect of the middle third of the arm.
- Gently draw back plunger before injecting. This is unlike vaccine injection technique, where drawing back is not necessary. If blood appears, withdraw the needle and select a new site.
- 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).



ASCIA TREATMENT PLAN FOR SUBCUTANEOUS ALLERGEN IMMUNOTHERAPY (SCIT) - Page 2 of 2
Patient name: Date of birth: DD/MM/YYYY
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. Signs of Anaphylaxis:
 Difficult/noisy breathing. Swelling of tongue. Swelling/tightness in throat. Difficulty talking and/or hoarse voice. Ancillary treatment may be given after adrenaline. IV/IM promethazine should not be used as it can worsen hypotension and cause muscle necrosis. Wheeze or persistent cough. Persistent dizziness or collapse. Hypotension. Abdominal pain.
RECOMMENDED ACTIONS
 If at any stage you are uncertain about what dose to administer, always call a specialist for advice. For missed doses during the build-up phase of immunotherapy, the treating specialist should generally be contacted, unless specific advice regarding this has been provided.
Missed doses during build-up phase (> 14 days since last injection): Missed 1 dose
Missed doses during maintenance phase - select Option A or B:: OPTION A If less than 6 weeks since last dose and all other criteria meet, administer the usual maintenance dose. If more than 6 weeks since the last injection call supervising specialist for advice. OPTION B If less than 6 weeks since last dose and all other criteria meet, administer the usual maintenance dose. If 6 - 12 weeks since last dose give mL (or 2 missed doses)* If 12 - 16 weeks since last dose give mL (or 3 missed doses)* If more than 16 weeks (4 months since last dose), do not administer. Call specialist to discuss. * Recommend calling specialist for advice regarding timing and volume of subsequent dosing. New vial (maintenance dose). No reduction in dose.
Reduce first injection by % and then continue with regular maintenance dose if tolerated. Large local reaction** (> 10 cm). No reduction and continue with next scheduled dose. Repeat same dose at next visit (during up-dosing) and continue with next scheduled dose. Reduce next injection by % and then continue with next scheduled dose. **If ongoing or repeated problems, contact specialist.

Additional instructions: