

# DOSAGE LOG

## Allergy Immunotherapy Subcutaneous Injection Routine (A/B)

The following document is for general education purposes only and is in no way a substitute for actual medical advice which can only come from a licensed medical provider.

### IMPORTANT NOTES:

YOUR PROVIDER MAY HAVE DECIDED THAT THE INJECTABLE IMMUNOTHERAPY TREATMENT REQUIRES THAT ALLERGENS BE DIVIDED INTO SEPARATE SETS OF VIALS - “TGW” (TREES, GRASSES, WEEDS) AND “ME” (MOLDS, EPITHELIA).

EACH TIME A TREATMENT IS ADMINISTERED, IT REQUIRES ONE DOSE FROM THE “TGW” VIAL AND ONE FROM THE “ME” VIAL – FOR A TOTAL OF TWO INJECTIONS.

VIALS ARE COLOR CODED TO HELP KEEP THEM ORGANIZED.

### YEAR 1 IMMUNOTHERAPY:

**1ST 12 WEEKS – USE THE TWO GREEN VIALS**

**2ND 12 WEEKS – USE THE TWO BLUE VIALS**

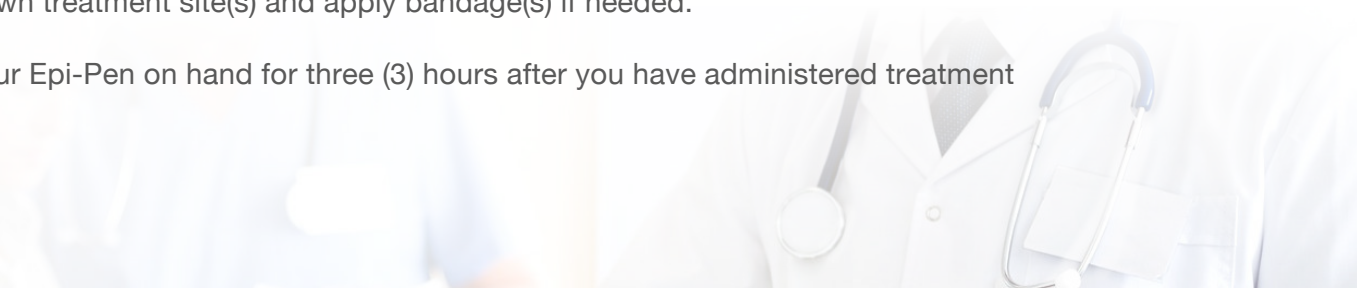
**3RD 12 WEEKS – USE THE TWO YELLOW (GOLD) VIALS**

**4TH 12 WEEKS – USE THE TWO RED VIALS**

# Allergy Immunotherapy

## Subcutaneous Injection Routine (A/B)

1. Place the following supplies on a clean, dry surface:
  - a. Dosage log & emergency instructions
  - b. Allergy serum vials – ONE FROM “TGW” CATEGORY and ONE FROM “ME” CATEGORY (BOTH VIALS SHOULD HAVE THE SAME COLOR TOP)
  - c. Two, prescribed, unused sterile syringes, alcohol pads, Epi-pen. Benadryl
2. Wash hands thoroughly. Non-latex gloves may be used.
3. Refer to the Dosage Log to determine amount of treatment and frequency determined by the prescribing provider. Pay attention to the numbering of the vials. Starting any treatment should occur only in the prescriber’s office under supervision.
4. Clean the selected treatment area thoroughly with an alcohol swab prior to treatment.
5. The appropriate areas to give a treatment are in the fatty tissue in the: Tricep, Abdomen or Thigh.
6. Wipe the top of vial with an alcohol pad before inserting needle.
7. Remove the needle cover, insert needle into “TGW “ VIAL. Use caution when handling needles.
8. Turn vial upside down and draw appropriate dosage of treatment determined by prescribing provider the on the Dosage Log and remove needle from vial.
9. Make sure the bevel of the needle is up and insert the needle into injection site at 45° angle.
10. Once you have pierced the skin with the needle check the treatment site for blood. If no blood is visible push in the plunger to inject the treatment. If you see blood, you must attempt to aspirate (Pull back on the plunger) to ensure you have not entered a blood vessel. If blood is visible in the syringe, do not push down on the syringe plunger, instead remove the needle and discard syringe and start over.
11. Remove the needle from the site at the same angle you inserted.
12. Discard syringe into a sharps container. Once a syringe pierces the skin, it is not reusable.
13. Repeat step 7 with the “ME” VIAL - Mark the dosage log each time you’ve taken your dose.
14. Wipe down treatment site(s) and apply bandage(s) if needed.
15. Keep your Epi-Pen on hand for three (3) hours after you have administered treatment



# Allergy Immunotherapy

## Sublingual Routine (A/B)

\*This therapy should only be administered after a documented fail and discontinuation of subcutaneous injection therapy. Sublingual therapy is considered experimental.

1. Place the following supplies on a clean, dry surface:
  - a. Dosage log & emergency instructions
  - b. Allergy serum vials – ONE FROM “TGW” CATEGORY and ONE FROM “ME” CATEGORY (BOTH VIALS SHOULD HAVE THE SAME COLOR TOP)
  - c. Epi-pen, Benadryl

Note which vial number is prescribed for treatment.

2. Depress the top of vial marked “TGW” to administer one metered dose of serum under the tongue. Repeat with vial marked “ME”.
3. Hold the serums under the tongue for at least 30 seconds, then swallow
4. Mark the dosage log each time you’ve taken your doses.
  - You must wait at least 10 minutes after taking your dose before you eat, drink or brush your teeth,
  - Please consult your prescriber for instructions on frequency of dosing



# DOSAGE LOG (GREEN)

\*\*Please note that individual therapies may vary in dose, frequency and length of treatment. Always follow your prescriber’s instructions.

PRESCRIBER NOTES OR MODIFICATIONS:\_\_\_\_\_

SELECT DOSAGE DAYS (CIRCLE): MON TUE WED THURS FRI SAT SUN

VIAL 1 “TGW”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “TGW” DOSE = ONE PUMP OF THE “TGW” VIAL			

VIAL 1 “ME”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “ME” DOSE = ONE PUMP OF THE “ME” VIAL			

# DOSAGE LOG (BLUE)

\*\*Please note that individual therapies may vary in dose, frequency and length of treatment. Always follow your prescriber’s instructions.

PRESCRIBER NOTES OR MODIFICATIONS: \_\_\_\_\_

SELECT DOSAGE DAYS (CIRCLE): MON TUE WED THURS FRI SAT SUN

VIAL 2 “TGW”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “TGW” DOSE = ONE PUMP OF THE “TGW” VIAL			

VIAL 2 “ME”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “ME” DOSE = ONE PUMP OF THE “ME” VIAL			

# DOSAGE LOG (YELLOW)

\*\*Please note that individual therapies may vary in dose, frequency and length of treatment. Always follow your prescriber’s instructions.

PRESCRIBER NOTES OR MODIFICATIONS: \_\_\_\_\_

SELECT DOSAGE DAYS (CIRCLE): MON TUE WED THURS FRI SAT SUN

VIAL 3 “TGW”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “TGW” DOSE = ONE PUMP OF THE “TGW” VIAL			

VIAL 3 “ME”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “ME” DOSE = ONE PUMP OF THE “ME” VIAL			

# DOSAGE LOG (RED)

\*\*Please note that individual therapies may vary in dose, frequency and length of treatment. Always follow your prescriber’s instructions.

PRESCRIBER NOTES OR MODIFICATIONS: \_\_\_\_\_

SELECT DOSAGE DAYS (CIRCLE): MON TUE WED THURS FRI SAT SUN

VIAL 4 “TGW”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “TGW” DOSE = ONE PUMP OF THE “TGW” VIAL			

VIAL 4 “ME”	24 DOSES		
DOSE #	DOSAGE	DATE/ INITIALS	REMARKS
1	0.05 mL		
2	0.05 mL		
3	0.05 mL		
4	0.05 mL		
5	0.05 mL		
6	0.1 mL		
7	0.1 mL		
8	0.1 mL		
9	0.1 mL		
10	0.1 mL		
11	0.1 mL		
12	0.1 mL		
13	0.1 mL		
14	0.1 mL		
15	0.1 mL		
16	0.1 mL		
17	0.1 mL		
18	0.1 mL		
19	0.1 mL		
20	0.1 mL		
21	0.1 mL		
22	0.1 mL		
23	0.1 mL		
24	0.1 mL		
SUBLINGUAL “ME” DOSE = ONE PUMP OF THE “ME” VIAL			