START PROTOCOL
Perennial (All Year Round) Immunotherapy Injections using
ALXOID GLUTERALDEHYDE TREATED (ALK) ALLERGEN REAGENTS.

Patient does NOT stop injections at the beginning of Spring, but rather continues ALL Year

- The Gaps in the Table are intentional and are to allow the doctor to adjust the dose if necessary.
- **Peak Flows** only need to be done when the patient has ASTHMA or if side effects occur.
- Give injections as <u>deep subcutaneous</u>, mid way between the elbow and shoulder, over the triceps area (not deltoid)
- If it is uncomfortable for the patient, higher volume doses can be split into half into each arm.
- An <u>antihistamine</u> can be given after or before the injection to minimise local swelling and discomfort.
- The patient must <u>wait 30 minutes</u> after each injection for safety reasons.
- Patient should continue injections and organise a <u>review appointment 6</u> months after starting.

EXTRACT PRECAUTIONS			NUMBER PREDICTED PF			COMMENCEMENT 80 % PREDICTED PF		
Bottle	Stock	**Week**	Date	Planned Dose (ml)	Actual Dose(ml)	PF before	PF after	Comment/ signature
A- 2000 TU/ml		**1**		0.20 ml				
WEEKLY		2		0.50 ml				
B- 10,000 TU/ml		3		0.20 ml				
WEEKLY		4		0.50 ml				
Now monthly								
	Monthly	8		0.50 ml				
	Monthly	12		0.50 ml				
	Monthly	16		0.50 ml				

** Do not discard leftover allergen in the first bottle; combine liquid with next bottle if there is spare allergen left over

B- 10,000 TU/ml								
MONTHLY								
	Monthly	20		0.30 ml				
****	**Monthly**	**24**		**0.40 ml**				

******PATIENT IS DUE FOR REVIEW**, 6 MONTHS AFTER STARTING. IF YOU DO NOT DO SO YOU RISK RUNNING OUT & HAVING TO RESTART

	Monthly	28		0.50 ml				
	Monthly	32		0.50 ml				
	Monthly	37		0.50 ml				

NOTE: Expired allergen CAN be used until new supplies are obtained if the patient runs out. An expired allergen is slightly less potent but NOT more likely to cause side-effects. Expired allergens will still work months after expiry but replace asap with fresh extracts.