

## INITIATION PROTOCOL

### Perennial (All Year Round) Immunotherapy Injections using DIATER Polymerised Allergoid INJECTIONS

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 deep subcutaneous, 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 antihistamine can be given after or before the injection to minimise local swelling and discomfort.

The patient must wait 30 minutes after each injection for safety reasons.

Patient should continue injections and organise a review appointment 6 months after starting.

**PATIENT NAME:**

**EXTRACT**

**File NUMBER**

**COMMENCEMENT**

**PRECAUTIONS**

**PREDICTED PF**

**80 % PREDICTED**

**PF**

Bottle	Stock	Week	Date	Planned Dose (ml)	Actual Dose (ml)	PF before	PF after	Comment/ signature
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#### FIRST BOTTLE

Red bottle #3*- day 1	0			0.20 ml				<i>These are given</i>
- day 1	0-30 min later			0.30 ml				<i>30 min apart same day</i>
<b>Now monthly</b>								
Monthly	4			0.50 ml				
Monthly	8			0.50 ml				
Monthly	12			0.50 ml				
Monthly	16			0.50ml				

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

**\*\*\*\*PATIENT IS DUE FOR REVIEW soon ~\_ week 24-26), 6 MONTHS AFTER STARTING. IF YOU DO NOT DO SO YOU RISK RUNNING OUT & HAVING TO RESTART**

#### NEW BOTTLE STARTS

Red bottle #3\*

#### MONTHLY INJECTIONS

Monthly	20			0.50 ml				
Monthly	24			0.50 ml				
Monthly	28			0.50 ml				
Monthly	32			0.50 ml				
Monthly	40			0.50 ml				

\*NOTE: There is no bottle 1 or 2!!

\* Each bottle contains 3ml of allergen so one should get 5-6 doses of 0.50ml from each bottle

**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.