

Sublingual Immunotherapy



Patient: _____ DOB: _____ Doctor: _____

ESCALATION SCHEDULE

Directions: The first dose from the vial(s) are required to be administered in the office, and you must wait for 30 minutes to watch for signs of an allergic reaction. After the first dose, please start on Day 2 (of VIAL SET 1) on the chart below, and then move up one additional drop each day.

After reaching Day 6 with no symptoms, you will begin the second set of vials (VIAL SET 2) that have been provided for you. You will then be starting your first maintenance vial.

Each dose should be taken every morning by applying the drops under the tongue and held there for two minutes. Swallow the dose afterwards.

****If local mouth itching occurs, then spit out the dose.**** Contact our Allergy Department if a local reaction occurs. Please report any symptoms under “Remarks”, such as itching in mouth, swelling under tongue, upset stomach, rashes, etc.

VIAL SET 1	Pollen Dose	DME Dose	Date	Remarks
Day 1	<input type="checkbox"/> 1 Drop	<input type="checkbox"/> 1 Drop		
Day 2	<input type="checkbox"/> 2 Drops	<input type="checkbox"/> 2 Drops		
Day 3	<input type="checkbox"/> 3 Drops	<input type="checkbox"/> 3 Drops		
Day 4	<input type="checkbox"/> 4 Drops	<input type="checkbox"/> 4 Drops		
Day 5	<input type="checkbox"/> 5 Drops	<input type="checkbox"/> 5 Drops		
VIAL SET 2	Pollen Dose	DME Dose		
Day 6	<input type="checkbox"/> 1 Drop	<input type="checkbox"/> 1 Drop		
Day 7	<input type="checkbox"/> 2 Drops	<input type="checkbox"/> 2 Drops		
Day 8	<input type="checkbox"/> 3 Drops	<input type="checkbox"/> 3 Drops		
Day 9	<input type="checkbox"/> 4 Drops	<input type="checkbox"/> 4 Drops		
Day 10	<input type="checkbox"/> 5 Drops	<input type="checkbox"/> 5 Drops		

Instructions: Continue taking 0.25 mL (5 drops) once daily from VIAL SET 2. Place two checkmarks (✓✓) in “Pollen/DME” indicating that you have used both vials on that day. Record the Date & your Reaction Remarks in the spaces provided.

Date	Pollen/DME	Remarks	Date	Pollen/DME	Remarks

You now have approximately 2 weeks of drops left. Please call to reorder next vial(s)

Date	Pollen/DME	Remarks	Date	Pollen/DME	Remarks

- Refrigerate your vials. Call our office to reorder within two weeks before they are empty.
- Always take the same dose from each vial. We want the vials to empty at the same time.
- Missed doses: 1 week – take the next dose when you remember. 2 + weeks – contact us.
- All patients are required to see the doctor twice a year. Your last office visit was_____.
- Should you have a reaction to your allergy drops (tickle in your throat, itching all over, ect):
 - Take a **Benadryl** (Adult 50 mg or 4 tsp; Child 25 mg or 2 tsp) or **Liquid Zyrtec** followed by **Zantac** (Adult 150 mg; Child 75 mg)
- Should symptoms worsen (throat closing up, tightness in chest, etc.):
 - **Use your Epi-Pen and Dial 911**