Sample Universal Dosage Log v. 2.0

Note: 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.

Allergy Immunotherapy Subcutaneous Injection Routine

- 1. Place the following supplies on a clean, dry surface:
 - a. Dosage log & emergency instructions
 - b. Allergy serum vials
 - c. Prescribed, unused sterile syringes
 - d. Alcohol pad
 - e. Epi-pen
 - f. 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 vial. Use extreme 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.
 - A. If no blood is visible push in the plunger to inject the treatment.
 - B. 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. Wipe down treatment site and apply bandage if needed.
- 14. Keep your Epi-Pen on hand for minimum three (3) hours after you have administered treatment (or per prescriber's instructions).

Adapted from Source: https://www.walgreens.com/images/pdfs/pharmacy/SP14267-Injection_PatEd_sprd.pdf

Allergy Immunotherapy Sublingual Treatment Routine

*This therapy should only be administered after a documented subcutaneous injection fail and discontinuation of subcutaneous injection therapy. Sublingual therapy is considered experimental. Follow the instructions of your prescriber.

- 1. Place the following supplies on a clean, dry surface:
 - a. Dosage log & emergency instructions
 - b. Custom serum vials
 - c. Epi-pen
 - d. Benadryl
- 2. Note which vial number is prescribed for treatment.
- 3. Depress the top of vial to administer one metered dose of serum under the tongue
- 4. Hold the serum under the tongue for at least 30 seconds, then swallow
- 5. Mark the dosage log each time you've taken your dose.
- 6. You must wait at least 10 minutes after taking your dose before you eat, drink or brush your teeth or as instructed by your prescriber.

Dosages are often administered every second day. Please consult your prescriber for instructions.

DOSAGE LOG

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

PRESCRIBER NOTES OR MODIFICATIONS:_____

VIAL 1	23 DOSES		TAKE DOSE EVERY 2ND DAY		VIAL 1	22 DOSES		TAKE DOSE EVERY 2ND DAY	
DATE	DOSAGE	INITIALS	REMARKS		DATE	DOSAGE	INITIALS	REMARKS	
	0.05 mL					0.1 mL			
	0.05 mL					0.1 mL			
	0.05 mL					0.1 mL			
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NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE					NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE				

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

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VIAL 2	23 DOSES		TAKE DOSE EVERY 2ND DAY		VIAL 2	22 DOSES		TAKE DOSE EVERY 2ND DAY	
DATE	DOSAGE	INITIALS	REMARKS		DATE	DOSAGE	INITIALS	REMARKS	
	0.05 mL					0.1 mL			
	0.05 mL					0.1 mL			
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	0.1 mL								
NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE					NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE				

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

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VIAL 3	23 DOSES		TAKE DOSE EVERY 2ND DAY		VIAL 3	22 DOSES		TAKE DOSE EVERY 2ND DAY
DATE	DOSAGE	INITIALS	REMARKS		DATE	DOSAGE	INITIALS	REMARKS
	0.05 mL					0.1 mL		
	0.05 mL					0.1 mL		
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	0.1 mL							
NOTE:	NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE				NOTE:	SUBLINGUAL UNDER	DOSE = 0	ONE PUMP

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

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VIAL 4	23 DOSES		TAKE DOSE EVERY 2ND DAY		VIAL 4	22 DOSES		TAKE DOSE EVERY 2ND DAY
DATE	DOSAGE	INITIALS	REMARKS		DATE	DOSAGE	INITIALS	REMARKS
	0.05 mL					0.1 mL		
	0.05 mL					0.1 mL		
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NOTE:	NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE				NOTE: SUBLINGUAL DOSE = ONE PUMP UNDER TONGUE			

Additional treatment may be required. Please consult your prescriber.