



Welcome to Palos Verdes Medical Group's Oral Immunotherapy Program

Welcome to Palos Verdes Medical Group's groundbreaking oral immunotherapy program. We are so grateful to have you as part of this innovative program and we look forward to working together to help you achieve your food allergy goals.

The oral immunotherapy (OIT) program is a comprehensive and highly individualized program aimed at liberating you or your child from the daily stressors from living with food allergies. This program offers a unique opportunity to work in close partnership with our food allergy team to identify and reach your food allergy goals.

OIT is a process in which patients are given microscopic doses of foods they are allergic to in increasing amounts over time to reach a goal of tolerance or desensitization. After the initial visit, you can expect to meet with the food allergy team at least every 2 weeks for up dosing appointments. Depending on your overall health or home dose adherence, more visits may be required and will be discussed with you throughout the program. Due to the highly individualized nature of oral immunotherapy and our desire to provide the most comprehensive care, you will have a designated provider available to you via phone or text 24 hours a day, 7 days a week.

This workbook will serve as your guide throughout your oral immunotherapy process. It has all of the important information you need to successfully participate in this program, including FAQs, do's and don'ts, a daily dosing diary, emergency protocols, and allergy team provider access. While this workbook is meant to answer most of your questions, we are always available should a question or concern arise.

We are honored to have you participate in this exciting program at Palos Verdes Medical Group, and we look forward to partnering with you to achieve your food allergy goals.

Sincerely,
The Food Allergy Team at Palos Verdes Medical Group

Dr. Lawrence Sher
M.D. FAAP, FAAAAI

Leigh Ann Schmidt
R.N., BSN, MSN, FNPC-C



Oral Immunotherapy Consent

My/my child's physician, Dr. Lawrence Sher, has informed me that I/my child am/is allergic to _____, and has recommended treatment with oral immunotherapy to reduce the risk of experiencing an allergic reaction to this food.

I understand that this procedure involves giving myself/my child doses of the food which I/they am/are allergic at increasing doses over time in order to achieve a state of immune tolerance (desensitization).

I further understand that the oral immunotherapy procedure carries significant risk of causing a serious allergic reaction which may include hives, swelling, bronchospasm with difficulty breathing, loss of consciousness, shock and life-threatening anaphylaxis. I understand that the providers at Palos Verdes Medical Group will make every effort to minimize the risk of a serious reaction, however in the event that a reaction occurs I may require emergency medical treatment in the office and/or hospitalization. Due to the potential risks, I/my child will be assessed by a member of the allergy team prior to the initiation of oral immunotherapy, and at each visit, and vital signs will be monitored as indicated. I will follow the instructions provided to me/my child regarding procedures and will inform them of any changes to my/my child's health. I understand that this treatment requires a one-time daily home dose, and I will inform Palos Verdes Medical Group of any missed doses or reactions to home doses utilizing the on-call procedure. I understand that oral immunotherapy is a long process that will require multiple office visits up to and including 2 times weekly, depending on symptoms and reactions, and I agree to maintain the appropriate schedule as directed by Palos Verdes Medical Group.

Desensitization, once achieved, can only be maintained through daily consumption of the specific food. I understand that failing to consume _____ daily in the recommended quantities may result in a loss of desensitization and subsequent allergic reactions which may include anaphylaxis. I agree to notify Palos Verdes Medical Group in the event that I decide to no longer participate in oral immunotherapy.

I have reviewed the above information with my provider and all of my questions have been answered to my satisfaction. I was provided with the oral immunotherapy workbook and the on-call procedures.

Patient

Signature if 12 y/o or older

Date

Parent/Guardian

Signature

Date

Provider

Signature

Date



Do's and Don'ts of Oral Immunotherapy

Daily Dosing Instructions:

- Take your current dose within 21 - 27 hours after your previous dose.
- Try to take your dose around the same time every day; we will work with you to find a time that suits your lifestyle.
- You will need to mix your dose with a small amount of food such as applesauce, pudding or yogurt (if not allergic).
- Be sure to use a small amount, in order to ensure that the entire dose is taken.
- Please take the dose at least 2 hours prior to strenuous exercise, or taking a hot shower.
- You want to avoid any circumstance which may raise your body temperature, including avoiding outdoor temperatures > 80 degrees, or taking a shower at least 30 minutes prior to dosing.
- Take your dose at least 1 hour prior to going to bed to ensure proper monitoring.
- If you have recently lost a tooth, have open sores in your mouth, or cracked/chapped lips, please use a straw to take your dose, and be sure to rinse your mouth with water after the dose has been consumed.
- If you skip a (1) dose, you can go ahead and take the next dose as soon as you remember to take it. Then resume your normal schedule as long as it has been at least 12 hours between doses.
- If you are ill, vomiting, wheezing, fever > 101 degrees, please contact us for dosing instructions.

Don'ts of Dosing:

- Don't take a dose on an empty stomach.
- Don't take a dose if you're overtired.
- Don't take a dose if you haven't eaten regular meals throughout the day.
- Don't take your dose less than 4 hours prior to taking a flight/airplane travel. Discuss with your provider.
- Don't come in for an UP dosing appointment if there's any illness or asthma flare. Please call to reschedule the appointment.
- Don't treat mild reactions such as slight mouth itching, less than 5 hives, or 1 episode of vomiting. Monitor closely, and if more symptoms develop or if vomiting continues, follow your treatment plan.
- Don't allow family members who are not trained in OIT to administer doses, or monitor after a dose has been given.
- If you know your child will be staying overnight somewhere, plan to skip the dose after a sleepover or if the child is experiencing exhaustion.

Missed Doses:

- If you miss 1 dose, you may resume your dose on the next scheduled day.
- If you miss more than one dose, please text us to discuss the plan for your next dose.
- If you miss more than 3 doses, please text the office to schedule an appointment. You will need to come into the office to resume your doses.
- Please do not resume doses without speaking to us.



Oral Immunotherapy Pre-test

Please review the following questions and circle your choices.

- 1) Oral immunotherapy involves which of the following?
 - a) Several office visits per month
 - b) Daily dosing of a specific food
 - c) Long-term daily dosing, possibly for life
 - d) Potential risk for allergic reactions
- 2) True or False: The goal of OIT is to allow patients to eat unlimited quantities of a previously allergic food with no reactions of any kind.
- 3) The most important goal for me/my family is?
 - a) Ability to eat all foods without restriction
 - b) Decrease chance of life-threatening reaction due to accidental ingestion
 - c) Increase the types of food I/my child may eat
 - d) Decrease stress and fear related to accidental ingestion.
- 4) True or False: I/my child has experienced anaphylaxis requiring the use of epinephrine in the past.
- 5) When should you carry an epinephrine auto-injector?
 - a) Only when you think there may be an exposure
 - b) During exercise, or while playing outside
 - c) I don't carry an epinephrine auto-injector
 - d) All the time, every day.
- 6) What are some signs of a mild allergic reaction:
 - a) < 5 hives on the body
 - b) Feelings of itching in mouth or lips
 - c) Abdominal cramping
 - d) Runny nose or sneezing
 - e) All of the above
- 7) What reasons would cause you to AVOID using your epinephrine auto-injector? (circle all that apply)
 - a) It's very expensive and I don't want to waste it.
 - b) I am unsure if this is a serious reaction
 - c) I don't understand how to use it
 - d) Using the epinephrine auto-injector makes me scared/uncomfortable
- 8) What are some signs of anaphylaxis.:
 - a) Wheezing and shortness of breath
 - b) Repetitive vomiting or severe diarrhea
 - c) Feeling a sense of impending doom
 - d) Swelling of lips or tongue, making it difficult to talk
 - e) All of the above

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- 9) Which of the items below is least likely to cause a severe allergic reaction:
- a) Peanuts
 - b) Milk
 - c) Eggs
 - d) Pollen or pet dander
 - e) Exercise
- 10) What medications can you give instead of using your epinephrine auto-injector?
- a) Albuterol inhaler
 - b) Benadryl
 - c) Zyrtec or Allegra
 - d) Advil or Motrin
 - e) None of the above

Thank you!



Oral Immunotherapy Screening History Questionnaire

Name: _____ DOB: _____

Vaccines: UTD

Food Allergy Evaluation:

Known Food Allergies: Milk Peanut Cashew Pistachio Walnut Pecan Hazelnut Pine Nut
Almond Sesame Egg Pea Other: _____

Date of First Reaction: _____

Type of reaction: Hives Urticaria Vomiting Rash Facial swelling Shortness of breath/asthma

Treatment: Home Hospital Urgent care Medications: Benadryl other antihistamines Epinephrine

Ever Ingested the food? Yes/No Have you ever had the food without a reaction: _____

MD: _____

SPT: _____mm BloodWork: IgE_____ PFT: _____ results.

Co-Morbidities:

Allergy History:	Circle one		Current Medications	Controlled	
	Yes	No		Yes	No
Asthma	Yes	No		Yes	No
Hospitalization for Asthma	Yes	No		Yes	No
Allergic Rhinitis	Yes	No		Yes	No
Eczema	Yes	No		Yes	No
Other Allergies (foods/meds)	Yes	No		Yes	No
Oat Allergy	Yes	No		Yes	No
Gluten intolerance/sensitivity	Yes	No		Yes	No
EOE, GERD, vomiting	Yes	No		Yes	No
History of SLIT/SCIT:	Yes	No		Maintenance	
Other History?	Yes	No		Yes	No
Major Medical	Yes	No		Yes	No
Illnesses: Cardiac	Yes	No		Yes	No



Oral Immunotherapy Screening History Questionnaire p. 2

OIT Discussion/Knowledge:

Patient Age: _____

Patient is able to understand the process and time commitment of OIT: YES NO

Patient understands the potential risks associated with OIT, and is comfortable with care plan: YES NO

Patient has strong support network, and family/caregivers are able to understand the care plan as well as risks and treatments: YES NO

Parents/Caregivers are able to understand all given instructions, and will commit to visit schedule:
YES NO

Family and caregivers have demonstrated understanding of time commitment of OIT and have agreed to only allow those who have been trained in OIT and how to treat reactions to administer home doses.
YES NO

Patient has all needed prescriptions to treat home reactions including: zofran, albuterol and EpiPen/ AUVI-Q. YES NO RX given this appointment: _____



PalosVerdesMedicalGroup

Oral Immunotherapy Daily Dosing Diary

NOTE: If you are ever uncertain about your symptoms or have any questions, please call us immediately at (310) 751-0773 or call 911.

MILD SYMPTOMS (circle one)



SKIN
Less than 3 hives, mild itch



THROAT
Mild itching, throat clearing



NOSE
Itchy or runny nose, sneezing



ABDOMEN
Nausea, abdominal pain, normal activity



MOUTH
Itchy mouth



LUNG
Slight cough, occasional wheeze

For **mild symptoms** from one body area, follow your Home Reaction Treatment Protocol.

Monitor symptoms; if no improvement or if they worsen, give the following:

- Antihistamines may be given (Zyrtec/Zyrtec ODT/Allegra)
- For abdominal symptoms, treat with Zyrtec, Zyrtec ODT or Pepcid AC
- Stay with the person and monitor for any worsening symptoms

MODERATE SYMPTOMS (circle affected areas)



SKIN
Greater than 3 hives, continuous scratching



THROAT
Tight or hoarse throat, throat clearing



NOSE
Continuous itching or runny nose, sneezing



ABDOMEN
Nausea, vomiting/diarrhea, abdominal pain, decreased activity



LUNG
Shortness of breath, cough, notable wheezing



HEART
Dizziness

For **moderate symptoms from only one body area**, treat immediately.

- Antihistamines may be given (Zyrtec/Zyrtec ODT/Allegra)
- For abdominal symptoms, treat with Zyrtec, Zyrtec ODT or Pepcid AC
- Stay with the person and monitor for any worsening symptoms

For **moderate symptoms from more than one body area**, give epinephrine and monitor closely.

SEVERE SYMPTOMS (circle affected areas)



SKIN
Many hives over body, widespread redness



THROAT
Tight or hoarse throat, trouble breathing or swallowing



NOSE
Severe itching, runny nose, sneezing, swelling of eyes



ABDOMEN
Severe pain, repetitive vomiting and/or diarrhea



MOUTH
Significant swelling of the tongue or lips



LUNG
Shortness of breath, severe wheezing, repetitive cough



HEART
Pale or bluish skin, faintness, weak pulse, dizziness



OTHER
Dramatic change in behavior and/or passing out

For **severe symptoms**, use epinephrine auto-injector.

MEDICATIONS GIVEN:

- YES
 NO

- Zyrtec/Allegra
 Benadryl
 Pepcid AC
 Zofran
 Albuterol
 epinephrine auto-injector



Important Medications for Treating an Allergic Reaction

Anti-Histamines (non-drowsy): Zyrtec and Zyrtec ODT (cetirizine), Allegra (fexofenadine)
Works by blocking Histamine H1, the substance your body produces during an allergic reaction.

Anti-Histamines (drowsy): Benadryl (Diphenhydramine)

Usual dose: 1-2 mg/kg q 6 hrs.

Works by blocking Histamine H1 in the central nervous system as well as the rest of the body. Is also an anticholinergic (decreases Acetylcholine, a neurotransmitter in the brain), which can decrease nausea, and cause drowsiness.

Oral H2 (Histamine) blockers: Pepcid AC (Famotidine) 0.5-1 mg/kg per day

Pepcid works by blocking H2, another chemical released during an allergic reaction, which decreases stomach acid and can help with abdominal upset.

Albuterol: (Pro-air, Ventolin): Albuterol works as a bronchodilator, which opens up airways and relaxes the muscles needed to breath. Can be delivered as an inhaler, or with the nebulizer machine.

Epinephrine: 0.01 mg/kg (Auto-injectors are based on general weight categories)

Epinephrine is a truly amazing drug. It is able to act on multiple receptors in the body at one time to reverse the symptoms of anaphylaxis.

First, it causes constriction, or tightening, of the blood vessels, which decreases swelling and also helps to increase blood pressure. It also increases the heart's contraction and heart rate, which can help to prevent or reverse cardiovascular collapse. Epinephrine relaxes the muscles around the airways in the lungs, helping the airways to open up. Finally, it prevents the release of additional allergic chemicals, which aids in stopping further progression of the reaction.



Oral Immunotherapy Home Reaction Treatment Protocol

MILD REACTIONS:

For mild reactions of only 1 body system: Such as hives (< 3), mild abdominal discomfort, slight runny nose. Please wait and see if symptoms resolve on their own. If symptoms remain bothersome, or if they increase, you may give the following medications:

For sneezing, hives or runny nose you may give:

Zyrtec: 2.5mg 5mg 10mg x 1 and Zyrtec ODT (cetirizine); you may repeat this dose x1 if symptoms don't resolve.

Allegra (fexofenadine) 15mg 30mg 60mg 180 mg; you may repeat this dose x1 if needed.

Benadryl (diphenhydramine) 2 years and older: 6.25mg 12.5mg 25mg 50mg

For mild abdominal discomfort you may give:

Zyrtec: 2.5mg 5mg 10mg x 1 and Zyrtec ODT (cetirizine); you may repeat this dose x1 if symptoms don't resolve.

Pepcid AC (famotidine) ½ - 1 tab for abdominal discomfort.

MODERATE REACTIONS:

For moderate reactions of ONLY 1 BODY SYSTEM: Such as > 3 hives, abdominal pain or vomiting, sneezing multiple times, cough with wheezing. Treat the symptoms without waiting to see if they resolve.

For congestion, sneezing, cough, >3 hives you may give:

Zyrtec: 2.5mg 5mg 10mg and Zyrtec ODT (cetirizine); If no improvement in 30 minutes, or if symptoms worsen you may give another dose.

Allegra (fexofenadine) 15mg 30mg 60mg 180 mg; you may repeat this dose x1 if needed.

Benadryl (diphenhydramine) 2 years and older: 6.25mg 12.5mg 25mg 50mg

For abdominal pain or vomiting:

Pepcid AC (famotidine) ½ - 1 tab

Zyrtec: 2.5mg 5mg 10mg; and Zyrtec ODT (cetirizine)

For Coughing and Wheezing:

Albuterol 1 vial via HHN, or 2 puffs Pro-air inhaler.

**If symptoms remain the same or do not improve, please contact us at (310) 751-0773.
We are available 24 hours a day, 7 days a week.**

If symptoms worsen use your Epinephrine auto-injector.



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For Moderate reactions of MORE THAN 1 BODY SYSTEM: > 3 hives, significant abdominal pain, vomiting, coughing and wheezing please administer epinephrine auto-injector and contact the on-call provider when you are comfortable.

For ANY SEVERE REACTIONS: significant shortness of breath, wheezing, severe abdominal pain, uncontrollable vomiting, full body hives, swelling of the face or lips, please administer epinephrine auto-injector immediately, and contact the on-call provider as soon as you are comfortable.

For any questions or concerns, please call
or text your on-call Provider:

(310) 751-0773
Available 24/7



On-Call Procedure During Oral Immunotherapy

We're Here For You!

Throughout your individualized treatment with oral immunotherapy (OIT), you will have **24 hour access, 7 days a week**, to a provider.

Please call for any concerns related to home dosing.

After home dosing, follow your individual Home Adverse Reaction Protocol. If you have any concerns related to an adverse reaction, which medications to give, or when to give them, please utilize the provider number.

Throughout your or your child's treatment, please don't hesitate to use the provider number via phone or text for any questions related to oral immunotherapy (OIT), including daily dosing, illness or rescheduling appointments.

In the event of an emergency please call 911, and text the on-call provider that you are utilizing 911.

Your On-Call Provider:

(310) 751-0773

Available 24/7