UNIVERSITY HEALTH SERVICES
Tang Center

University of California, Berkeley
2222 Bancroft Way
Berkeley, CA 94720

UHS STANDARDIZED
MAINTENANCE IMMUNOTHERAPY ORDERS

Immunotherapy Order for_____**DOB:**_____

The above named patient is currently under my medical care receiving maintenance doses of immunotherapy and would like to continue immunotherapy at University Health Services (UHS).

Allergens to be administered:

Contents of Vial	Vial Dilution	Expiration Date of Vial	Maintenance Dose in mL

1. Frequency of injections: ☐ 14-28 days **OR** every_____days with a minimal interval of _____days between injections.

2. Pretreatment needed: ☐ **Yes** ☐ **No** **Medication**_____**Time**_____
Patient will be responsible for pre-treatment, if indicated.

3. Peak flow baseline:_____
Peak flow required for all patients with history of asthma. If PF less than 80% of baseline, antigen(s) should not be given.

4. Maintenance Phase: Dose adjustments/drop for time lapse in injection schedule:

_____A. 4-5 weeks (29-35 days): Decrease by _____mL **OR** ☐ Repeat dose
5-6 weeks (36-42 days): Decrease by _____ mL **OR** ☐ Repeat dose
6+ weeks (43+ days): Contact office for dosing adjustments

OR

_____B. Specified dose adjustment orders for gaps in injection interval

_____ _____

_____ _____

5. Build up for time lapse and fresh antigen (UHS protocol for fresh antigen is to reduce by 50%)

Increase dose by _____mL every _____days until maintenance is reached.

_____ _____
(Clinician Signature) (Date)

_____ _____
(Clinician Name) (Phone)

_____ _____
(Address) (Fax)