OIT BASICS

DAY I, RECORD KEEPING, UPDOSING, MONITORING, SUPERVISION, HANDOUTS FOR YOUR OFFICE

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AN APPROACH TO THE OFFICE-BASED PRACTICE OF FOOD ORAL IMMUNOTHERAPY J ALLERGY CLIN IMMUNOL PRACT 2021.02.046

DAY I

- A long anticipated and potentially life-changing day for patients and families
- They are often very nervous and very excited Our goal is a quiet and uneventful day
- For us, depends on the work done before the day: and the Pre-Day I Visit
 - ST visits, phone conversations re slgE labs, OFCs
 - All are opportunities for discussion of OIT mechanics and risks/benefits
 - Getting to know the patient, they are becoming comfortable with staff, building trust
- Pre-OIT consult may be the best opportunity to review what they are to expect
- And what is expected of them as your partners

PRE-DAY I

- Scheduled 2 weeks before Day I parents, grandparents, caregivers
- Clinical: history, LEAP, asthma control spiro FeNO, rhinitis control, CIU, start probiotics Vit D
- OIT Handout: Escalation phase, Maintenance, Free Eating, SU, review Goals, ELORS
- Day I: first dose, target dose, what to bring food games, who is coming no sibs
- AAP: zyrtec, epi epi technique patients and families are our First Responders
- On Call process: what, when, how long after dose, treatment, did it work, ED?
- Reaction risk factors, safe rules for dosing: see Tables IV and V
- Travel (TSA letter, airplane boarding, camp, vacations) QoL survey, list of counselors

DAY I

- Doses prepared day before by clinical staff double check
- Spacious area: eating, games, videos, virtual classes
- Consent forms and clear discussion of potential outcomes, risks and benefits
- Final questions, VS physical exam, spiro/peak flow, first dose
- Dose every 20-30 minutes, snacking throughout
- Have patient/parent administer some doses
- Perioral reactions especially with AD or in winter in Chicago
- Transient oral pruritis at time of dosing may not be dose limiting
- Observe I hour after final dose

RECORD KEEPING

- Separate paper chart
- Protocols for foods treating
- Updose visit templates
- Problem List updates for team
 - Day I
 - Reactions, ELORS
 - Maintenance

1	А	.0025/ml	2 ml		0.002	g	5g/2Tbsp		g	6g/2Tbsp	1gm each	tsp
	~	.0025/111	4 ml		0.002	5			5		Ignieden	unflavored
2	В	.025/ml	4 mi 1 ml		0.004		.75g / tsp			1g/tsp		unnavored
3	D	.025/111	2 ml		0.02							
4												
5			4 ml		0.04							
6	С	.25/ml	1 ml		0.1							
7			2 ml		0.2							
8			4 ml		0.4			0.5				
9	D	2.5/ml	1 ml		1			1				
10			2 ml		2			1.5				
11			4 ml		4			3				
12			6 ml		6			6				
13			8 ml		8							
14	E	25/ml	1 ml		10							
15			1.5 ml		15			12				
16			2 ml	Peanuts g	20	PB2 85		20	PB2 90		Bamba	PN Butter
17				0.1 g	26	.06 g		40	.05 g		0.2	
18				0.2	53	0.12		80	.11 g		0.4	
19				0.3	79	0.19		120	.17 g		0.7	
20				0.4	105	0.25		160	.23 g		0.9	
21				0.6	158	0.38		200	.34 g		1.3	
22				0.95	250	0.6		240	.54 g		2.1	1/4 tsp
23				1.42	375	0.9	1/2 tsp	300	.81 g		3.2	3/8 tsp
24				1.9	500	1.2	3/4 tsp		1.08 g	1/2 tsp	4.2	1/2 tsp

UPDOSING

- Scheduled times, same every week, reminder call or text
- Nurses double check correct dose in series
- Template, pre-printed checklist:
 - Dosing for minimum 7 days
 - Interval reaction history, missed doses, timing of last dose, stomach aches, nausea, emesis
 - Asthma allergies eczema controlled, peak flow
 - No active illnesses, no cough, no oral lesions
 - Emergency medicines readily available, food in stomach
 - Physical exam VS HEENT lungs skin, peak flow
 - 30-60 minutes: 35 minutes

MONITORING / SUPERVISION

- Team approach
- Available 24/7
- Document any interaction
- RNs check in next day
- MD PA NP sign off
- Reactions: biphasic risk and For cause vs Not for cause.

HANDOUTS FOR YOUR OFFICE

- Initial consult: OIT information sheet, Do's and Don'ts, AAP, Early Intro
- Next visits OFC: Early Intro, OIT FAQ
- School and Camps: Information sheet, PE
- Travel: TSA letter
- Taste aversion sheet
- Moms and peers who have offered to be contacted
- Food allergy Counselors
- Pre Day I Visit