

Best Practices for OIT office space and staffing

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ADVANCEMENTS IN ALLERGY & ASTHMA CARE

MINNETONKA, MINNESOTA

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Amazing Allergists

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Objectives

1. Designing or adjusting an office space to accommodate OIT dosing, observation, product preparation, and increased volume of oral food challenges
2. Scheduling and coordination
3. Anaphylaxis supplies and drills
4. Call coverage 24/7
5. OIT Team

Office Space



Dose Administration & Observation

1. Pre-dose intake/exam

2. Dose Administration - Day 1 vs Escalation

- Measure/weigh correct dose
- Children do not always follow the plan
- Taste aversion is common



3. Post-dose observation

- Individual exam room
- Community waiting room
- Space to manage reactions

Oral Food Challenges

1. Food allergy hero – expand diet and reduce burden
2. *Identify which food allergens to include in treatment program
3. Offer OIT = food allergy expert (source: Facebook, Twitter, Instagram)

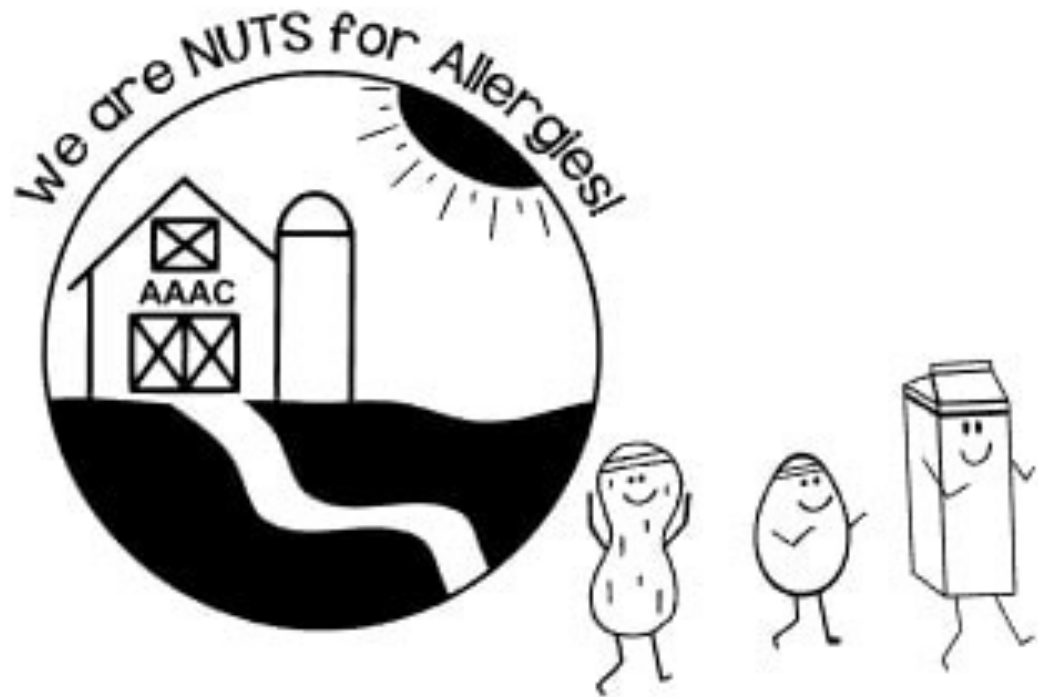


Food Preparation

1. Separate food refrigerator
 - Clinic stock whole foods and solutions
 - Patient specific solutions
2. Supply storage – scale 0.01g, measuring spoons, syringes, utensils, plates, glass bottles/jars, mortar/pestle, flavoring, protocol binders, cleaning supplies, calculator, marker, labels, clear packaging tape, printer
3. Clean, private area for solution mixing with access to sink



OIT suite video example



Scheduling

Who: general receptionist vs OIT scheduler

What:

- Consult/conference with all parents/guardians to discuss the option of OIT
- Pre-day 1
- Day 1
- Escalation
- Escalation cancellation process

When:

- Specific days dedicated to OIT vs incorporating various OIT appointments into daily template
- Escalation appointments vs walk-in

How: utilization of the healthcare team

Other logistics

- Food source and acquisition
- Trained nurse(s) with scheduled time to mix
- EHR set up
- Wait list
- Data collection
- Protocol updates

“Do the best you can until you know better. Then when you know better, do better.”

– Maya Angelou

Anaphylaxis Supplies & Medications

- Stethoscope, BP cuff, oximeter
- Ambu bag
- Adult and peds oropharyngeal airway
- Endotracheal tube, intubation laryngoscope
- IV fluid set-up
 - Normal saline, connection tubing
 - Tourniquet, alcohol swabs, latex free gloves
 - Catheter needles (16-22 gauge)
 - Saline syringes to flush
 - Tape
- Epinephrine for IM injection
- Oxygen tank and tubing. Adult and peds nasal cannula and mask
- Albuterol inhaler or nebulizer
- Antihistamines (H1 and H2)
- (Methylprednisolone 125-mg vial)
- Glucagon 1-mg/mL vial

Anaphylaxis Drills

Nothing is an emergency, everything is a procedure.
– Dr. Jim Baker

- ✓ All staff
- ✓ Review roles
- ✓ Scenario Stations
- ✓ Checklists
- ✓ Repetition

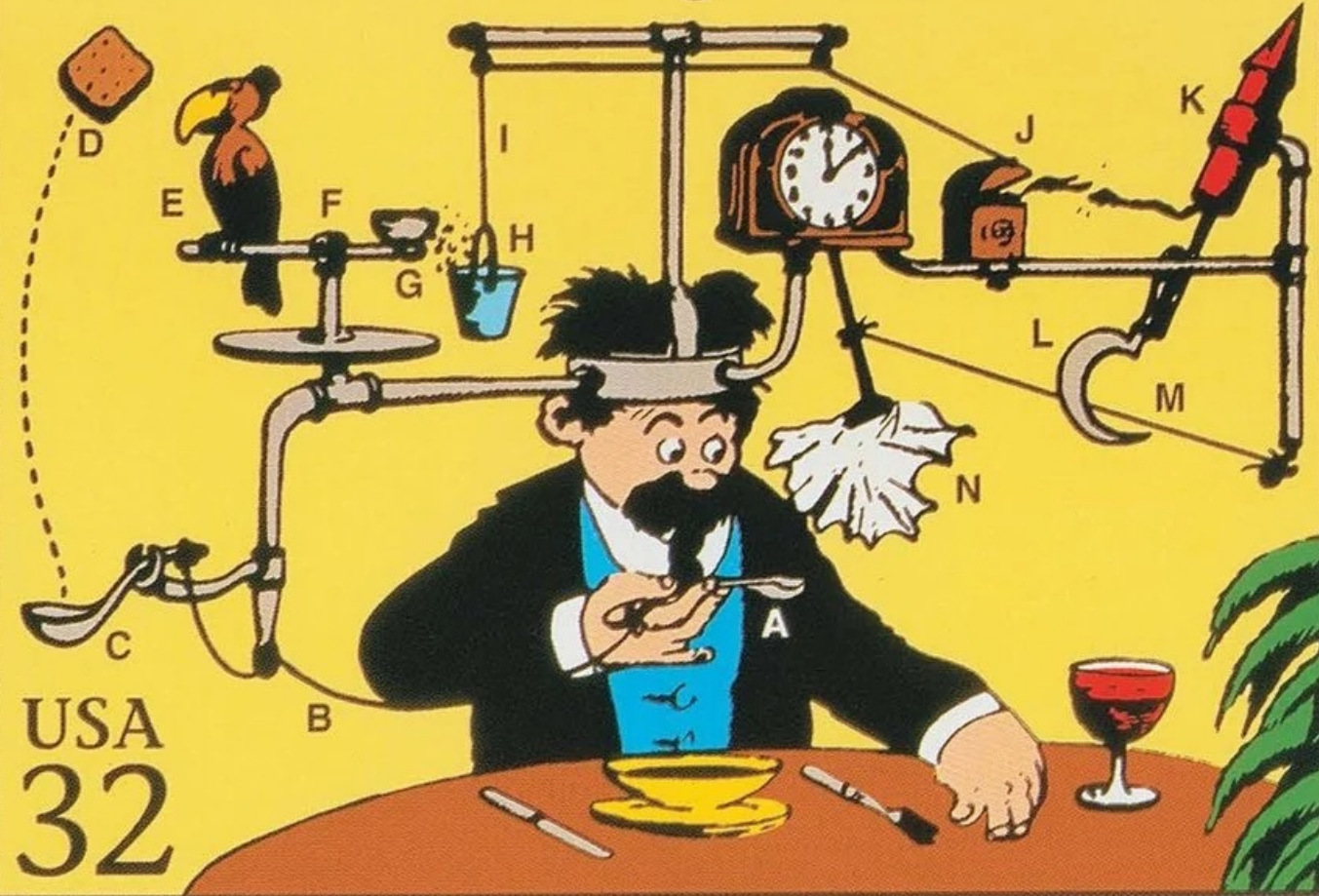


Call coverage 24/7 – questions & reactions

- ✓ Triage nurse during clinic hours
- ✓ After hours on-call provider



Rube Goldberg's Inventions



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OIT Team

