



# NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

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### SAMPLE SCHEDULE OF ANTIGEN DESENSITIZATION\*

Dose/Injection**	Vial Color	Amount Injected	Number of Lines on Syringe***	Dilution
1	Green	0.05 cc	(5 lines)	1000-fold
2	Green	0.10 cc	(10 lines)	1000-fold
3	Green	0.20 cc	(20 lines)	1000-fold
4	Green	0.30 cc	(30 lines)	1000-fold
5	Green	0.40 cc	(40 lines)	1000-fold
6	Blue	0.05 cc	(5 lines)	100-fold
7	Blue	0.10 cc	(10 lines)	100-fold
8	Blue	0.20 cc	(20 lines)	100-fold
9	Blue	0.30 cc	(30 lines)	100-fold
10	Blue	0.40 cc	(40 lines)	100-fold
11	Yellow	0.05 cc	(5 lines)	10-fold
12	Yellow	0.10 cc	(10 lines)	10-fold
13	Yellow	0.20 cc	(20 lines)	10-fold
14	Yellow	0.30 cc	(30 lines)	10-fold
15	Yellow	0.40 cc	(40 lines)	10-fold
16	Yellow	0.50 cc	(50 lines)	10-fold
17	Silver	0.05 cc	(5 lines)	Undiluted
18	Silver	0.10 cc	(10 lines)	Undiluted
19	Silver	0.20 cc	(20 lines)	Undiluted
20	Silver	0.30 cc	(30 lines)	Undiluted
21	Silver	0.40 cc	(40 lines)	Undiluted
22	Silver	0.50 cc	(50 lines)	Undiluted
23 & Beyond	Silver	0.50cc	(50 lines)	Undiluted

#### Notes:

\*The chart above represents a sample dosage schedule for a typical patient. Actual dose/injection will vary based on an individual's reactions and number/schedule of visits. Please refer to "Immunotherapy Policies & Procedures" sheets for more instructions.

\*\* Dose/injection 1-22 represent the "Build-up" phase of immunotherapy. Dose 23 & beyond represents the "Maintenance" dose and will be continued for the length of time that immunotherapy is performed.

\*\*\* Based on BD Allergy Syringe (1 ml 27G ½") – Ref 305540