

Vial # _____

Name: _____

Week/Injection #	Date	Vial Dose	Notes
Week 1/ #1		0.05 cc	
1/2		0.08 cc	
2/3		0.10 cc	
2/4		0.13 cc	
3/5		0.15 cc	
3/6		0.18 cc	
4/7		0.20 cc	
4/8		0.23 cc	Set appointment for new vial.
5/9		0.25 cc	
5/10		0.25 cc	May keep giving 0.25 cc.

Vial # _____

Week/Injection #	Date	Vial Dose	Notes
1/1		0.05 cc	
1/2		0.08 cc	
2/3		0.10 cc	
2/4		0.13 cc	
3/5		0.15 cc	
3/6		0.18 cc	
4/7		0.20 cc	
4/8		0.23 cc	
5/9		0.25 cc	
5/10		0.25 cc	

Remember: NEVER give an injection without your Epinephrine Pen and inhaler (asthmatics) at hand & keep your vials refrigerated!

Anaphylaxis:

Early Symptoms: hives, rapid heartbeat, nausea, numbness and tingling around lips/eyes, swelling

Late Symptoms: throat swelling, shortness of breath, wheezing

Treatment: Epinephrine injection and call 911

Minor Symptoms:

Symptoms: hives, rapid heartbeat, nausea, numbness and tingling around lips and eyes, swelling

Treatment: antihistamine, do **not** take another injection, report to office when open, have epinephrine injection available in case symptoms progress (see anaphylaxis above)

Other Reactions:

Small bump at injection site: observe, may place hydrocortisone on injection site

Large bump at injection site: may have mistakenly hit a blood vessel, treat the same as a small bump reaction

