



Boom Trial – Oral immunotherapy Action Plan

Quiz	Over the last 24 hours, have I experienced...?	
	Yes	No
Mouth/throat itching	<input type="checkbox"/>	<input type="checkbox"/>
Urticaria	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Reflux/stomach burning	<input type="checkbox"/>	<input type="checkbox"/>
Acute fatigue	<input type="checkbox"/>	<input type="checkbox"/>

Desensitized foods: _____

Weigh: _____ KG

Date: _____

Optimal control ☺ What should I do? Take my usual medication :

<p>I have answered “no” to all the questions in the quiz AND</p> <ul style="list-style-type: none"> <input type="radio"/> I am feeling good <ul style="list-style-type: none"> <input type="checkbox"/> With my medication <input type="checkbox"/> Without medication <p>See the instruction sheet for tips on how to maintain optimal control</p>	<p>My usual medication(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	--

Suboptimal control ☹ What should I do? Take other medication (Notify the research team)

<p>I have answered “yes” for at least 1 question of the quiz OR to one of the following questions:</p> <ul style="list-style-type: none"> <input type="radio"/> My current medication is insufficient to control my symptoms OR <input type="radio"/> I currently have an illness or infection OR <input type="radio"/> My daily activities AND/OR my mood are impacted 	<p>Medication adjustment: Start an anti-histamine treatment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <p>If gastro-intestinal symptoms (reflux, nausea, abdominal pain), are present <input type="checkbox"/> Start or <input type="checkbox"/> Add an anti-acid /proton pump inhibitor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <p>In case of significant viral illness, fever or other disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Decrease the dose to half-dose and resume regular doses when symptoms have resolved for 24h. <p>In case of vomiting and/or persistent diarrhea (>24 hours): omit the dose for the day and start half-doses for 2 days then resume full dose.</p>
--	--

In case of emergency ☹ What should I do? Administer epinephrine (Notify the research team)

<p>In case of one or more symptoms of anaphylaxis, as:</p> <ul style="list-style-type: none"> <input type="radio"/> Respiratory impairment AND/OR <input type="radio"/> Drop of pressure (dizziness, loss of consciousness) AND/OR <input type="radio"/> Other severe reactions (major swelling, repetitive vomiting, generalized urticarial) 	<ul style="list-style-type: none"> <input type="checkbox"/> Use an epinephrine auto-injector: Epipen Jr. <input type="checkbox"/> or Epipen Adult <input type="checkbox"/> and repeat every 5 minutes if necessary <input type="checkbox"/> Call 911 <input type="checkbox"/> Do not stop your daily doses. Take an anti-histamine 30 minutes before the dose and take a half-dose. Contact the research team.
--	--

Investigator’s Signature: _____ Practice #: _____

