OIT Journal

ORAL IMMUNOTHERAPY (OIT)

Dose diary

Child's name _____ Month / year _____

Allergen(s) _____ Clinic's plan / phase _____

Day	Time	Dose, as your clinic wrote it	Given by	Window ✓	Symptoms		Notes
					None	What you saw	
1				☐	☐		
2				☐	☐		
3				☐	☐		
4				☐	☐		
5				☐	☐		
6				☐	☐		
7				☐	☐		
8				☐	☐		
9				☐	☐		
10				☐	☐		
11				☐	☐		
12				☐	☐		
13				☐	☐		
14				☐	☐		
15				☐	☐		
16				☐	☐		
17				☐	☐		
18				☐	☐		
19				☐	☐		
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21				☐	☐		
22				☐	☐		
23				☐	☐		
24				☐	☐		
25				☐	☐		
26				☐	☐		
27				☐	☐		
28				☐	☐		
29				☐	☐		
30				☐	☐		
31				☐	☐		

Dose: copy it exactly as it is written in your clinic's plan. **Given by**: the initials of whoever gave the dose. **Window ✓**: tick when the observation window your clinic asked for is over. **Symptoms**: tick None, or write what you saw in plain words and when it started. **Notes**: anything else that was different that day (illness, fever, poor sleep, a late or skipped dose).

OIT Journal is a diary, not a medical device. Always follow your allergist's plan. **In an emergency.** If you think your child is having anaphylaxis, follow your emergency action plan: use the adrenaline (epinephrine) auto-injector as your allergist prescribed and call your local emergency number (112 in Europe, 911 in the US and Canada).

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Questions for the next clinic visit

Page 1 is one month: print it again for each new month. Bring the diary to every clinic visit.

Prefer your phone? Keep this diary in OIT Journal, a free app both parents share: **oitjournal.com**

Child's name

Next visit

Questions to ask

What the clinic said

Write it down before you leave.