# Boom Trial – Oral immunotherapy Action Plan

**Quiz**

Over the last 24 hours, have I experienced...?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth/throat itching</td>
<td></td>
<td></td>
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<tr>
<td>Urticaria</td>
<td></td>
<td></td>
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<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
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<tr>
<td>Nausea/vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflux/stomach burning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute fatigue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Desensitized foods:___________________
___________________________________

Weigh: ____________________________ KG
Date: ______________________________

I have answered “no” to all the questions in the quiz **AND**
- I am feeling good
  - With my medication
  - Without medication

See the instruction sheet for tips on how to maintain optimal control

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

My usual medication(s):
- __________________________________
- __________________________________
- __________________________________
- __________________________________
- __________________________________

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

I have answered “yes” for at least 1 question of the quiz **OR** to one of the following questions:
- My current medication is insufficient to control my symptoms **OR**
- I currently have an illness or infection **OR**
- My daily activities **AND/OR** my mood are impacted

Medication adjustment: Start an anti-histamine treatment:  
- __________________________________

If gastro-intestinal symptoms (reflux, nausea, abdominal pain), are present  
- Start or Add an anti-acid /proton pump inhibitor:
  - __________________________________

In case of significant viral illness, fever or other disease:  
- Decrease the dose to half-dose and resume regular doses when symptoms have resolved for 24h.

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.

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

In case of one or more symptoms of anaphylaxis, as:
- Respiratory impairment **AND/OR**
- Drop of pressure (dizziness, loss of consciousness) **AND/OR**
- Other severe reactions (major swelling, repetitive vomiting, generalized urticarial)

- Use an epinephrine auto-injector: Epipen Jr. □ or Epipen Adult □ and repeat every 5 minutes if necessary
- Call 911
- **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 #: _________