

Dallas Food Allergy Center

Food Oral Immunotherapy FAQs

1. Q. How long will the entire process take?
A. The first day procedure will take about 3-5 hours. If there are no problems during the escalation phase, the patient will be eating a full serving of the allergenic food in 5-6 months.
2. Q. Should routine allergy medications be stopped before the first day procedure?
A. No. Patients should take all routine medications as they normally would during OIT.
3. Q. What is the timeline for the months after the first day?
A. Exactly how it will go depends on each individual patient. If everything goes well, a whole serving of the allergenic food may be ingested by the 5th-6th month.
4. Q. After the first day, can future dose increases be done at either office?
A. The first day procedure and dosing with liquid dilutions must be done in the Dallas office. After the patient has completed dosing with liquid dilutions and had the first updose with the whole food, then further dose increases may be done at either the Frisco or Dallas office.
5. Q. How often can the dose be increased?
There must be a minimum of 7 consecutive days between dose increases (7 doses given), but patients may go longer between dose increases if they so choose.
6. Q. What time of day should home doses be given?
A. Doses should be given 21-27 hours apart. The dose can be given twice in a day if you need to switch schedules (e.g., for sporting events or for updose visits). You will need to give the doses at least 9 hours apart and not more than 27 hours after the last dose.
7. Q. What if my child does not get immunizations or is behind on scheduled immunizations, can he/she start the OIT program?
A. No. Your child must be up-to-date on all scheduled immunizations before starting any of the oral immunotherapy programs.
8. Q. How long should my child stay awake after the dose is given?
A. Children should be observed for at least one hour after the dose is given. They should not be allowed to sleep during this time unless the parent is in the room with them.
9. Q. What about home dosing on the day of the office visit for dose increase?
A. There should be 21 hours and no more than 27 hours between doses. NEVER increase the dose at home. If the updose office visit is scheduled more than 27 hours after the last dose, give one additional dose at least 9 hours before the scheduled updose visit.
10. Q. If there is a reaction at home, what should I do?
A. Treat the reaction the same way you would any food reaction. If there are only mild hives or oral itch, DO NOT give antihistamine for the first 30 minutes to see if the reaction progresses. If the hives/oral itch are increasing, then give antihistamine. Give epinephrine (Epi-pen or Auvi-Q) if there are other symptoms of anaphylaxis. Call us after the reaction is resolving. We will give instructions on future dosing.

11. Q. What if we are flying when the dose is due?
A. Do not administer the dose less than two hours before boarding and do not administer the dose while flying. If you are taking a long flight that will conflict with the dosing guidelines, skip that day's dose then resume as soon as possible after you arrive. A letter explaining the procedure and need for food solutions for the Transportation Safety Authority is available upon request.
12. Q. At what point can we buy our own food?
A. Peanut, Tree Nuts, Chickpea, Sunflower, Sesame: When dosing with whole food, patients will be required to buy their own food. Nut butters and flours may be substituted for the peanut or tree nut during escalation dosing. Discuss allowable food substitutes with the DFAC staff.
Egg: Patients should purchase liquid egg white or egg white powder for home dosing after dosing with provided solutions is complete.
Milk: Patients should purchase whole milk for home dosing after dosing with provided solutions is complete.
Soy: Patients should purchase soy milk for home dosing after dosing with provided solutions is complete.
Wheat: Patients will be required to buy their own vital wheat gluten and bring it to each dosing appointment after dosing with provided solutions is complete.
13. Q. Can whole eggs be substituted for liquid egg white?
A. Liquid egg white should be used for all escalation doses. Patients may dose with either egg white powder or liquid egg white during the maintenance phase, and egg may then be freely added to the diet. Whole egg or cooked egg should never be used in place of liquid egg white or egg white powder for the daily egg dose.
14. Q. At what point can the milk product be varied?
A. When the escalation is complete, if everything goes well, maintenance doses may be given with either 2% or whole milk and any brand of cow's milk may be used. Generally, yogurt, cheese or ice cream may not be substituted for the daily milk dose.
15. Q. Does the food solution need refrigeration?
A. There are no preservatives in the food solution. It MUST be kept cold.
16. Q. What do I do if refrigeration is not maintained or if there is a different smell or taste?
A. If the food solution sits at room temperature for more than 30 minutes or if it appears to have spoiled, the solution must be replaced. Please call the office. If replacement is made during regular office hours, there is no charge. If replacement must be made at night or on a weekend or holiday there will be a charge of \$100.
17. Q. What if I need additional doses and I am out of town?
A. Call as soon as you know you will need more. You must be able to tell us the concentration and amount of the current dose. If a staff member needs to come in at night, on a weekend or holiday, there will be an additional charge of \$100. We cannot mail solutions out of state; you will either need to pick up more solution or have someone pick it up and mail it to you.
18. Q. When will my child be off of food solution(s)?
A. Your child should be off of food solution(s) within 8 weeks.

19. Q. Can my child switch whole food forms during OIT escalation?
A. You may switch food forms during OIT escalation, but any change will first need to be tolerated in the office before you take it on your own. Switching food forms even with the same protein amount may result in a reaction.
21. Q. What if my child is sick and can't take the doses on schedule?
A. If the gap is less than 27 hours, resume the standard dosing schedule. If there is a gap of more than 27 but less than 48 hours between doses, give ½ of the planned dose, wait 20 minutes and give the other half of the dose then continue the routine schedule.
22. Q. Do vaccinations interfere with OIT dosing?
A. To the best of our understanding, vaccinations should not interfere with OIT dosing.
23. Q. What about masking the taste of the food solution?
A. Taste is personal; experiment. Try drink powder (Kool-Aide, Crystal Light), chocolate or another beverage. The food powder or small solution volumes could be mixed with a small amount of a semi-solid food such as apple sauce, pudding or mashed potato. Consider savory flavors such as salsa and curry. Try to give the dose in one bite to ensure that the entire dose of oral immunotherapy mixture is taken. If the total amount gets too large, it will be hard to get it all down.
24. Q. May Egg Beaters™ be used for dosing in egg OIT?
A. Egg Beaters are not permitted because they are not complete eggs.
25. Q. When can foods containing the allergenic food be introduced into the regular diet?
A. Foods containing the allergenic food may be introduced into the diet at the end of the entire oral immunotherapy escalation process as instructed by your provider. The DFAC staff will let you know when you can introduce baked goods into your child's diet (if your child is undergoing egg/milk OIT) and/or when you no longer have to worry about trace contamination.
26. Q. What is the goal of this process?
A. The number one goal is safety; to make life more normal by allowing the patient to eat without concern about possible exposure to the allergenic food. Most patients are able to eat their allergenic food without thinking about it.
27. Q. What is the follow up schedule when maintenance dosing is reached?
A. When the full dose has been reached, there is a verbal follow-up at 1 month by phone or portal message and then every 6 months. The first 6-month follow up will include post-OIT labs. Food specific IgE levels should be drawn yearly on maintenance dosing.
28. Q. With once daily dosing, is the time of day that the dose is given important?
A. Time of day is not important but the amount of time between doses is important. We have achieved a delicate balance that depends on a certain amount of the allergenic protein being in their system at all times. You should try to give the once a day dose at the same time every day (21-27 hours between doses).
29. Q. Does my child need to avoid exercise during the oral immunotherapy process?
A. Exercise should be avoided for at least two hours after dosing, and doses should not be given within 30 minutes of exercise. Exercise around the time of dosing increases the chance of a reaction. Exercise restriction applies to both escalation and maintenance dosing.
30. Q. Can two oral immunotherapy foods, one on maintenance dose and one on increasing dose be given at the same time?
A. Yes.

31. Q. How much of the allergenic food can/must my child eat during the maintenance phase of the oral immunotherapy process?
In most cases the food may be freely added to the diet after reaching the maintenance phase of Food OIT treatment. Examples of maintenance doses are:

Cashew, Hazelnut, Almond, Pistachio, Macadamia, and Peanut: 8 nuts
Walnut: 3 ½ nuts
Brazil nut: 1 nut
Pecan: 7 pecans
Egg: 3 tsp egg white powder or 3T of liquid egg white
Milk: 120ml (4 oz) whole or 2% milk
Chickpea: 16 chickpeas
Soy: 120ml (4 oz) soy milk
Sesame: 5.6 grams of sesame seeds
Sunflower seed: 8 grams of sunflower seeds or 7 grams of Sunbutter
Wheat: 5.7g vital wheat gluten

If the time comes when the frequency of the maintenance dose changes, we will let you know. Until then, the patient should continue the daily maintenance dose as directed.

31. Q. How soon after completion of the oral immunotherapy process can a food challenge be done for another food?
A. A food challenge for a different food may be done 1 week after completing oral immunotherapy.
32. Q. If my child is allergic to multiple foods will completing OIT for one food help treat other food allergies?
A. In general, each Food OIT Program is food-specific. Completing one program does not treat other food allergies. Some foods are cross-reactive, and it may be possible that treatment with one food will treat the cross-reactive food as well. Ask your provider for more specific information for treating multiple food allergies.
33. Q. How soon after completion of the oral immunotherapy process can a second oral immunotherapy program be started for another food?
A. Your child may begin a second oral immunotherapy program after he/she has been stable on a maintenance dose for one month.