



ALLERGY INJECTIONS

Allergy injections are a form of desensitization called immunotherapy. The patient is gradually made less sensitive to the allergens to which he or she is allergic by exposure (via injection) in an organized process, to gradually increasing doses of allergy extract. Immunotherapy is effective for many allergens, including pollens, mold spores, dust mites, cat and dog dander and insect venom, but not for food, fragrances, or tobacco smoke.

The patient receives injections into the upper arm(s), starting with very small amounts weekly or twice weekly, gradually increasing the dosage each week. The patient should remain in the office for 30 minutes, after which the injection site(s) is checked for any reactions. The patient is also advised to check the injection site 8-12 hours later for any reaction. At the following visit, the patient should advise the office staff of the size and type of reaction (if any).

At the beginning of the series of injections, the duration of treatment cannot be determined accurately. Usually, weekly injections continue for up to 1 year. Weekly frequency may be prolonged for more than 1 year, if reactions occur, if the patient has extreme allergen sensitivity, or if appointments are missed. When the maximum dose of allergen is attained, a trial of administering the injection every 2 weeks begins. If allergy symptoms are controlled during this schedule, the patient then continues on an every 2 week schedule. Later, this moved back to every 3 then every 4 weeks.

NOTE: Patients should not come in for injections if they are wheezing, dehydrated, or having respiratory difficulties, rashes or fever. Patients should not take Beta blockers (used for hypertension, migraine, and cardiac conditions) for at least 2 weeks prior to beginning injections. Examples of Beta blockers include metoprolol, Lopressor, atenolol, Toprol, Coreg, Tenormin, Inderal, Carvidilol and Visken. Do not take other injections on day of allergy immunotherapy.

REACTIONS: Most reactions are local in nature and consist of redness, swelling, itchiness, and tenderness, at the site of the injection. An oral antihistamine (such as Benadryl) may be taken and cold compress applied to the area.

Sometimes general reactions such as hives, itchiness of the palate, nasal symptoms, difficulty in breathing, or wheezing may occur. These reactions occur rarely and every precaution is taken to prevent them and also treat them immediately. *The patient should therefore not receive any injection unless he or she is able and willing to wait 30 minutes after the injection.* There is also the possibility of a delayed reaction several hours after the injection. This is usually not serious, but should be reported. Any unusual outcome should be reported to the nurse at the next visit, before the injection.

INJECTION ROOM POLICY: There is a recent report which reviewed the nation's experience with allergy injections. The report indicates some patients may be at continued risk of a serious allergic reaction to allergy shots for up



to 30 minutes after the shot. The incidence or frequency of allergic reactions is not increasing, and there is no evidence that allergic reactions to allergy injections are becoming more severe.

PLEASE COMPLY WITH OUR WISH THAT YOU REMAIN IN THE OFFICE FOR 30 MINUTES AFTER YOUR ALLERGY INJECTION. THIS IS FOR YOUR PROTECTIONS. Report all adverse events from allergy injections to the staff. Your cooperation and assistance with this policy is greatly appreciated.

Generally most patients find allergy injections effective. Consistency with regular visits is critical for the success of the therapy. All patients should consider the first 18 months as a trial period to determine the effectiveness of the injection. There are a small percentage of failures as with any other medical treatments. However, if the treatment is carried out as recommended, the results are usually good.

IMMUNOTHERAPY PATIENT CONSENT FORM

We request that you eat a protein meal (protein bars not acceptable) with a glass of water within one hour of receiving injections. Do not exercise for 2 hours before or after injections. Do not stop allergy medications on the day of or day before injections. Do not present for an allergy injection if having respiratory symptoms, rashes, or fever. Avoid exposure to known allergens on day of injections. For example, avoid mowing the lawn if you are grass allergic and avoid dusting if you are dust mite allergic, on the day of injections.

Immunotherapy or allergy injections should be administered at a medical facility with the physician present since reactions occasionally occur necessitating immediate medical therapy. These reactions may consist of the following: itchy eyes, nose or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; hives; wheezing; lightheadedness; nausea and vomiting; and shock under extreme conditions. Reactions, even though unusual, can be serious, and rarely fatal. You are required to wait in the medical facility in which you receive the injection(s) for at least 30 minutes after each injection.

The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

Print Name _____

Signature _____ Date _____

Witness _____ Date _____