Allergy Immunotherapy Information & Consent Form

Introduction: Allergy shots are a form of desensitization called immunotherapy. The patient receives increasing doses of allergy extract over an extended period of time. During this process, the immune system builds immunity and becomes less reactive to allergic substances such as pollen, mold, dust mites, animals or insect venom. Immunotherapy has been effective for approximately 70-80% of patients and would be a supplement to your allergy treatment regimen.

Benefits: Most patients notice a reduction in need and amount of allergy and asthma medications, a reduction in infections, and better control of allergies and asthma. Responses range from complete resolution of symptoms without the need for medications to mild decrease in daily symptoms with the continued need for medications. Allergy shots can *permanently* decrease the severity of allergies for many of our patients. In addition, many studies have shown benefit in children receiving allergy shots with the prevention of asthma and development of further allergens.

Alternatives to allergy shots include continuing medications and practicing allergy avoidance measures.

Outcomes: Generally, most patients find allergy injections effective. Consistency with regular visits is critical for the success of immunotherapy. 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 very good. An occasional missed injection will not change long-term results, but receiving shots on a regular basis is recommended to gain benefits. If you are not noticing improvement, it is important to follow-up with your physician to review possible factors and plan of care.

Process: The patient receives injections into the upper arm(s), starting with very small amounts 1-2 times per week, gradually increasing the dosage each week. Patients may receive 1-4 injections at each visit depending on their formula prescription. The patient should remain in the office for 30 minutes, after which the injection site(s) is checked for any reactions before leaving the clinic. The patient is also advised to check the injection site 8-12 hours later for any delayed reaction. At the following visit, the patient should advise the office staff of the size and type of reaction (if any).

Time Frame: Allergy injection therapy ranges from 3-5 years. There are 2 phases:

Build up: Allergy shots are given 1-2 times weekly until full strength dose is reached. A dose may be reduced if there is a reaction. It may take several months up to 1 year to advance through each of 4 build up vials until maximum doses are reached. This timing may vary depending on individual factors such as frequency of reactions and patient consistency in coming in for shots. Typically this takes 6-12 months.

Maintenance Phase: Once maximum doses are reached, the patient continues shots once weekly. As the patient improves, the interval may extend to every 2 weeks. Later, this extends to every 3 weeks then every 4 weeks.

Some patients experience lasting remission after 3-5 years, but others may wish to continue allergy shots longer. The decision to stop allergy shots should be discussed with your physician.

Risks of Reactions: Allergy shots may cause reactions because they contain extracts to which a person is allergic. The most common reactions are mild and local: pain, swelling, soreness at the injection site. Generalized body reactions (systemic) may also occur: including sneezing, nasal congestion, runny nose, cough, itching all over, hives, wheezing, throat tightness, chest tightness and dizziness. Rarely, severe life-threatening reactions may occur. These are called anaphylaxis reactions and usually occur within 30 minutes and usually respond rapidly to medications. Fatalities have been rarely reported from immunotherapy shots. Safety precautions must be followed by both medical provider and patient.

In addition, delayed reactions may occur up to 8-12 hours after the injection and are not usually severe.

(Initials) **Patient responsibility when starting allergy injections:**

- You are required to wait 30 minutes after every allergy shot injection.
- You must remain in our general waiting area. Waiting in the parking lot or outside of the building is prohibited as it does not allow for adequate monitoring.
- You are required to take an antihistamine. If you take a daily antihistamine, do not miss it on the day before and the day of your shot(s). If not, pre-treat with antihistamine at least 1-2 hours prior to your allergy shot(s).
- Approved antihistamines only include: loratadine (Claritin), cetirizine (Zyrtec), levocetirizine (Xyzal), and fexofenadine (Allegra).
- Benadryl (diphenhydramine) and montelukast (Singulair) are NOT approved.
- Your injection site must be checked and you must check out with staff before you leave. We ask that you dress appropriately to allow access to your arms.
- If you do not comply with these requirements, your doctor will be notified immediately and your allergy injections will be held/stopped until you are seen by your physician.
- If you experience any unusual or new symptoms after receiving your shot while waiting, such as sneezing, itchy throat, coughing, chest tightness, hives, you will immediately notify the shot nurse.
- If you experience any of the above symptoms at home or after leaving the office, come back to the office, call our office, or go to the nearest emergency room.
- If you are receiving shots in a different facility, you are required to receive shots in a clinic or hospital setting by medical providers with emergency protocols in place at all times. Allergy shots can only be administered by medical personnel, not self administered and never given at home.
- You will notify our staff of new medication or medical condition specifically: if you start a new heart medication called a beta blocker (examples: metoprolol, atenolol, bisoprolol) and if you are diagnosed with asthma or a heart condition.
- For our female patients, you will notify our staff if you are pregnant.
- You are required to see your physician/provider every 6-12 months while receiving shots.

Safety precautions: You should feel well before and after your shots. The following are risks for dangerous reactions. DO NOT come into our office for a shot as you may be turned away by our staff for any of the following:

- Illness/sickness, fever, vomiting, dehydration.
- Increasing asthma symptoms such as wheezing, chest tightness.
- Increasing allergy symptoms such as nasal congestion, coughing, dripping nose, rash.

Safety Tips:

- Avoid heavy exertion/exercise 1 hour before and 2 hours after allergy shot(s).
- Avoid high exposures to your pollen and other allergy triggers on the day of your allergy shot(s).

_____ **(Initials)** **Minors:** All minors must be accompanied inside our office by an adult or guardian during the entirety of the allergy shot injection and 30 minute wait time, but exceptions can be made for teenagers (ages 16 or above) whose parents allow and consent for them to drive here themselves. If for any reason, your teenager comes into the office without you, we will need to treat your teenager as we deem appropriate.

By signing this consent, you are allowing us to treat your child within our standard of care for allergy shots and for any reactions, should you be present or not.

Parent Signature (or Guardian):_____ Date:_____

_____ **(Initials)** **Financial Responsibility:** Once you sign this consent, allergy serum is created and will be billed to your insurance. If you later decide not to start, you will still be billed because the serum was made specifically based on your allergy testing and cannot be used for another patient. During ongoing treatment, allergen serum is made automatically to ensure continuity and to prevent delays in your treatment. It is your responsibility to contact our office if you do not wish to continue treatment. Once you sign this consent form, you are giving permission to initially make and to continue to make your serum and bill your insurance.

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

Patient Name: _____ DOB:_____

Patient Signature (or Guardian):_____ Date:_____

Witness Signature: _____ Date:_____

Medical office where patient will receive allergy injections:

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