

## **IMMUNOTHERAPY INFORMATION AND CONSENT FORM**

Your physician has recommended immunotherapy (allergy injections or shots) as a form of treatment for you or your child. It is important to understand the nature of this treatment, how it works and possible side effects.

### **WHAT ARE ALLERGY INJECTIONS?**

Allergy shots, or immunotherapy, are the process by which an allergy patient is made less sensitive to a specific allergen, (such as pollens, house dust mites, animal danders and mold spores). The reduction in sensitivity is accomplished by injecting increasing doses of mixtures of these substances into the upper arms. Improvement is not seen immediately and may not be apparent for up to one year. The results are usually a significant reduction in sensitivity and the need for less medication but not complete elimination of symptoms. Approximately 80-90% of allergic individuals who undergo allergy injections will see significant reduction in symptoms.

### **HOW OFTEN DO I RECEIVE INJECTIONS?**

Immunotherapy injections are usually given once or twice a week. It can take five to six months (or occasionally longer) to reach a top or maintenance dose. Most patients begin to experience some relief of their symptoms after reaching the maintenance dose. At that time, the interval between injections can slowly be increased every two weeks, then every three weeks and eventually every four weeks. The total duration of a course of immunotherapy is usually until two years without any significant symptoms and/or medication needs.

### **CAN REACTIONS TO THE INJECTIONS OCCUR?**

Because you or your child will be receiving injections or substances to which you are allergic, reactions to the injections rarely occur. Most of the time, reactions are limited to swelling, itching or redness at the site of the injection. Small reactions of less than dime-sized are not unusual. There are also rare chances of bruising under the skin causing mild pain. You should discuss the size and severity of local reactions with the nurse prior to the next injection. Rarely reactions may occur involving other parts of the body including generalized itching and hives, increased nasal congestion, sneezing or runny nose, shortness of breath, tightness in the chest or throat, or wheezing. Reactions can be serious but rarely fatal. Most reactions occur within 30 minutes, but may occur up to 6 to 12 hours after injections. You must notify the doctor or nurse immediately if any systemic symptoms (such as diffuse itching, wheezing, difficulty breathing, coughing, sneezing, nasal congestion, runny nose, and chest or throat tightness) occur so that proper treatment can be initiated. You should not receive your allergy immunotherapy injections if you have been ill with a fever, have an infection (involving the sinuses, lungs, ears, etc.) have wheezing, hives or severe nasal allergy symptoms. You should avoid strenuous exercise for about two hours after injections.

### **WHAT OTHER PRECAUTIONS SHOULD I TAKE?**

Patients taking immunotherapy injections should not use beta-blocker medications because of the greater chance of having a more severe allergic reaction including asthma and lowering of the blood pressure. If you are taking beta-blockers, you must discuss this with the physician prior to initiating the injections. Beta-blocker medications may be used for glaucoma, migraines or high blood pressure and include Betagan, Batoptic and Timoptic eye drops and Blocadren, Corgard, Corzide, Inderal, Inderide, Lopressor, Normodyne, Setral, Tenoretic, Tenormin, Timolide, Tradate and Visken.

Patients receiving allergy immunotherapy should also not use MAO inhibitor drugs such as Nardil, Parnate and Marplan. These drugs may cause high blood pressure when used in conjunction with adrenalin or other prescription or over-the-counter allergy medications.

Please inform the doctor or nurses if you are pregnant, or believe you are pregnant, so that your allergy injections can be dosed accordingly.

Allergy injections are not to be self-administered and must be given under a physician's supervision.

I understand the need and requirement to remain in the physician's office for **30 minutes** after each allergy injection.

I fully understand the above explanation and give permission to administer immunotherapy injections to me or my child.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

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D.O.B.