

## INFORMATION AND PATIENT CONSENT TO RECEIVE ALLERGY INJECTIONS

Allergy injections also known as immunotherapy is a way to treat patients with allergic diseases. Immunotherapy makes the patient less sensitive to inhaled substances such as mold, dust mite, animal dander and pollens.

The therapy involves giving the patient injections of a serum that is made specifically for that patient. Injections are given with increasing amounts of very dilute concentrations. Injections usually start either once or twice per week for the first 6 months. It usually takes this long to reach the top dose which we call the maintenance dose. Once the patient reaches their maintenance dose the frequency of the injections becomes less with the goal of reaching monthly injections. Usually to have success an immunotherapy program one must receive injections for at least 3-5 years. An optimal response to immunotherapy depends on the patient's ability to obtain the injections on a regular basis. Either frequent or long lapses in time in between injections will delay the person's ability to build up to effective doses.

There are potentially some serious reactions that can occur with allergy injections. **We ask that you wait in our office for 30 minutes after every injection.** Most reactions occur within the first 15-30 minutes but some reactions can be delayed several hours. Reactions include but are not limited to :

1. Asthma symptoms such as cough, shortness of breath, wheezing or chest tightness.
2. Nasal allergy symptoms such as runny, stuffy or itchy nose.
3. Eye allergy symptoms such as itchy or swollen eyes.
4. Hives, redness of the skin, rash.
5. Swelling of the lips, tongue or airway.
6. Although rare there have been some fatalities to allergy injections.

**The 30 minute waiting period is for all patients no matter how long they have been on allergy injections.**

Vigorous exercise should be avoided for 2 hours after an injection since this may increase the risk of a reaction. Sometimes patients have less serious reactions such as swelling, discomfort or redness on the arms at the site of injection. Please make a note of how large the reaction site was and how long it lasted. We will ask you about any such reaction prior to your next injection and make any adjustments necessary.

### **Pregnant Patients:**

Please inform us if you are pregnant. In general we will not start injections on someone who is pregnant but we can continue them (usually at a lower dose) if you become pregnant while on injections.

I have read and understand the above consent form and agree to have allergy injections for myself or legal dependant.

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Patient (parent/guardian) SIGNATURE

Date \_\_\_\_\_

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Patient (parent/guardian) PRINT