

### **Instructions And Consent For Allergy Injections**

You have chosen to begin a program of allergy immunotherapy, also called desensitizing shots, in an attempt to gain better control over your allergy symptoms. In order to succeed, you must follow the entire program outlined for you. The allergy injections are given once or twice a week with gradually increasing doses until the maintenance dose is reached. After reaching the maintenance dose, injections are then usually given weekly for the first year. If significant improvement has been obtained, the time between shots may be gradually increased to every two weeks, or possibly three or four weeks over time. The usual length of treatment is from 3 to 5 years, but longer treatment may be needed in some cases. Patients have about an 80% chance of obtaining significant improvement with allergy shots. However, since each person is different, it is impossible to predict with certainty whether or not a given patient will respond.

Because the allergy injections contain material to which you are known to be allergic, there is a definite possibility of an allergic reaction to any injection. This reaction is usually mild, involving itching or swelling at the site of injection. However, you could have a severe reaction. This type of reaction could involve trouble breathing, hives, asthma symptoms, itching, or even generalized allergic shock, which could be fatal. Although the risk of such a severe or fatal reaction is very small, we insist that your allergy injections be given in a physician's office, hospital, or clinic where a doctor or trained health care professional is available to treat any reactions. It is not necessary that this person give the injection, but he/she must be in the office or clinic when the injections are given. Since most allergic reactions occur quickly, **patients must remain in the physician's office for 30 minutes** after every shot. Before leaving, you should report any reactions to the nurse for inspection. She will check your arm and note any redness or swelling resulting from the shot. Any severe symptoms such as sneezing, severe itching, hives, coughing, shortness of breath, wheezing, chest tightness, or faintness should be reported immediately.

Localized reactions involving swelling or itching at the site of injection may occur after leaving the office. It is not necessary to call the office for swelling at the injection site. You should rest the arm, apply cool packs or ice to the area, and take Benadryl or a comparable antihistamine as directed. You can take Tylenol to help with any pain. Although it is not necessary to call the office for local reactions, you should be sure to notify the nurse before your next injection so that adjustments can be made in dosage if needed.

Injections should not be given if you are experiencing a flare-up of asthma. If you are wheezing, notify the nurse before receiving your injection. Injections should not be given if you have a fever of 100 degrees or higher.

If you are taking a **beta-blocker** (commonly used to treat high blood pressure, heart problems, migraines) you should not receive allergy shots. Beta-blockers can interfere with the treatment of a severe allergic reaction, and for that reason we do not recommend immunotherapy for patients receiving beta-blockers. If during the course of your immunotherapy your regular physician wishes to prescribe a beta-blocker for you, you should tell him/her that you are on allergy shots and cannot take beta-blockers. If the beta-blocker is absolutely necessary, you will have to stop your allergy shots.

Strenuous exercise should be avoided for at least 2 hours after the allergy injections.

We require follow up visits periodically while you are receiving allergy shots. Usually we like to see patients two to four times per year, sometimes more if symptoms are severe or if the patient has asthma. All patients must be seen at least yearly to continue injections.

Injections should be kept on schedule as much as possible. If you miss your shots, reductions in dosage may be necessary resulting in a longer time to reach maintenance dose and even a decreased effect of the treatment. It is not necessary to take allergy extract with you on vacations less than two weeks, but longer vacations should be discussed with your allergist so we can make recommendations about your shots.

You have the alternative to decline immunotherapy. The alternative treatment is to use medications and environmental control measures to help your symptoms. By signing below, you indicate that you want to receive immunotherapy with allergenic extracts provided by our office, and you agree to follow the rules and recommendations regarding the injections.

The first immunotherapy extract **vials will be prepared and billed when you have first indicated your intention** to begin allergy shots. This is enough extract for approximately the first 4 months of injections. Subsequently we will remix and refill extract vials as needed/used. By signing below you indicate understanding that you will be responsible for any portion of the cost of these vials not covered by your insurance. Once prepared, these vials cannot be used for anyone else so it is important that you are committed to this course of treatment and follow through with your injections.

We hope that this information is helpful to you. We expect you to do very well with your desensitizing program, and appreciate the opportunity to provide this care for you. Please do not hesitate to ask any questions about your treatment program. GOOD LUCK!

Les Newman MD / Csaba Rusznak MD / Martha Butterfield MD / E. Kathryn Miller MD / Russell Walker, MD

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I have discussed my insurance and payment information with the business staff at The Allergy and Asthma Center, P.C. regarding the charges for allergy extract and injections. I authorize The Allergy and Asthma Center, P.C. to order and prepare my allergy extract and understand my account will be charged and insurance filed for these vials.

I further understand that the final responsibility for the payment of these charges is mine. I understand that the allergy extract is being prepared specifically for me and that if I decide not to start or not to continue with allergy immunotherapy, I may still be responsible for the charges. I further understand that my insurance may not cover allergy extract prepared for me which I decide not to use. I also understand that unexpected reactions or interruptions in my injection schedule may result in the expiration of certain vials, causing them to be remade and those additional charges then added to my account.

With this knowledge I request the vials be ordered and prepared for me and I also consent to any necessary urgent treatment required in the event of an injection reaction.

I have read, and I understand this form entitled INSTRUCTIONS AND CONSENT FOR ALLERGY INJECTIONS. I understand that allergy shots can rarely result in severe, even life-threatening, allergic reactions. I have received a copy of this form.

Patient (print name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient or parent/guardian)

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