



## Informed Consent for Administration of Allergy Injection Treatment

**Please read and be certain you understand the following information prior to signing this consent for treatment:**

### **PURPOSE**

The purpose of subcutaneous immunotherapy (SCIT/allergy injections) is to decrease your sensitivity to allergy-causing substances, so exposure to the offending allergen will result in fewer and less severe symptoms. Immunotherapy is a supplement to avoidance of known allergens and the use of allergy medications.

Allergy injections have been shown to lead to an improvement of your immune system's response to naturally occurring allergens. These alterations may permit you to tolerate exposure to the allergen with fewer symptoms. You, in effect, become less sensitive to the allergen. The amount of this immunization is different for each person and is, therefore, somewhat unpredictable.

### **INDICATIONS**

To qualify for immunotherapy, there must be documented allergic reactions to substances in the environment. Documentation of an allergy is in the form of a positive skin test. Due to the inherent risks of immunotherapy, avoidance measures and medical management should be attempted first.

### **EFFICACY**

Improvement in your symptoms will not be immediate. It usually requires 3 to 6 months before substantial relief of allergy symptoms is noted, and it may take 3 -5 years for full benefits to be realized. About 85-90% of allergic patients on immunotherapy note significant improvement of their symptoms. This means symptoms are reduced, although not always eliminated.

### **PROCEDURE**

Allergy injections begin at a very low dose that is gradually increased on a regular basis until the maintenance dose is reached. Injections typically are given once per week while the extract dose is being increased. This frequency reduces the chances of a reaction and permits the maintenance dose to be reached within a reasonable amount of time. After the maintenance dose is determined, injections are given every one to two weeks.

### **DURATION OF TREATMENT**

It usually takes 3 to 6 months to reach a maintenance dose. The time may be longer if there are allergy reactions, if you are highly allergic, or if the injections are not received on a regular basis. It is important the recommended schedule be followed. If you anticipate regular injections cannot be maintained, immunotherapy should not be started. Immunotherapy may be discontinued, at the discretion of your Doctor, if the injections are frequently missed as there is an increased risk of reactions under these circumstances. Most immunotherapy patients continue treatment for 3-5 years after which the need for continuation is reassessed. During treatment, patients are required to see the doctor at least once annually.

### **OBSERVATION PERIOD FOLLOWING INJECTIONS**

All patients receiving immunotherapy injections should wait in the clinic area for **30 minutes** following each injection. If you have a reaction, you may be advised to remain longer for medical observation and treatment. If you experience tightness in the chest, shortness of breath or nausea after you have left the clinic area, you should be seen immediately. If the clinic is not open, go to the nearest emergency medical facility. If you cannot wait 20 to 30 minutes after your injection, you should not receive an injection. There are several allergy injection-related deaths each year in the United States. While most systemic reactions are not life threatening if treated promptly, this fact does stress the importance of remaining in the clinic for the suggested observation time. If you do not remain in the clinic area for the designated time, the doctor may recommend discontinuation of immunotherapy.

## INITIAL EXTRACT INJECTIONS

You will need to receive injections at least once per week on a regular basis. Taking injections weekly will allow you to reach maintenance dosage earlier.

## PREGNANCY

Females of child bearing potential: If you become pregnant while on immunotherapy, notify the office staff immediately, so we can determine an appropriate dosage schedule for the injections during pregnancy. Immunotherapy doses will not be advanced during pregnancy, but may be maintained at a constant level.

## NEW MEDICATIONS

Please notify the office staff if you start any new prescription medication, particularly medication for high blood pressure, migraine headaches or glaucoma. Your injections will need to be discontinued if you are placed on a beta-blocker.

If you have any questions concerning this Consent for Immunotherapy, please ask the nurses or your doctor. If you wish to begin immunotherapy, please sign and date this document authorizing treatment and return it to our front desk.

**I have read the information in this consent form and understand it. The opportunity has been provided for me to ask questions regarding immunotherapy and these questions have been answered to my satisfaction. I understand precautions consistent with the best medical practice will be implemented to protect me from adverse reactions to immunotherapy. I do hereby give consent to be given immunotherapy (allergy injections) over an extended period of time and at specified intervals, as prescribed by my doctor. I further hereby give authorization and consent for treatment by my doctor and his staff, for any reactions occurring as a result of an immunotherapy injection.**

## ADVERSE REACTIONS

Immunotherapy is associated with some widely recognized risks. Risk is present because a substance to which you are known to be allergic is being injected into you. Some adverse reactions may be life threatening and may require immediate medical attention. In order of increasing severity, the following brief descriptions explain the nature of these potential reactions:

### Local Reactions

Local reactions are common and usually restricted to a small area around the site of the injection. Reactions are more likely to occur as you reach higher concentrations and higher volume injections. Reactions may occur several hours after the injection. You should notify the nurse if you have any local reactions.

### Generalized Reactions

Generalized reactions occur rarely, but are the most important because of the potential danger of progression to collapse and death if not treated. These reactions may include:

**Urticarial reactions (hives)** include varying degrees of rash, swelling and/or itching on more than one part of the body. There may be mild to moderate discomfort, primarily from the itching. The uncommon reaction may occur within minutes to hours after an injection.

**Angioedema** is rare and is characterized by swelling of ANY part of the body, inside or out, alone or in combination. This may occasionally be accompanied by asthma and may progress to anaphylactic shock, the most severe reaction. In the absence of shock, the principle danger lies in suffocation due to swelling of the airway. Angioedema may occur within minutes after the injection and requires immediate medical attention.

**Anaphylactic shock** is the rarest complication, but it is a serious event characterized by acute asthma, vascular collapse (low blood pressure), unconsciousness and potentially death. This reaction usually occurs within minutes of the injection and is extremely rare.

***The above reactions are unpredictable and may occur with the first injection or after a long series of injections, with no previous warning. All generalized reactions require immediate evaluation and medical intervention. If a localized or generalized reaction occurs, the vaccine dosage will be adjusted for subsequent injections. When treatments are performed at our office appropriate advice and treatment will always be available from our office staff at the time of any adverse reaction.***

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Patient Name Printed

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Patient Signature ( or Parent / Legal Guardian)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed