Richmond Allergy and Asthma Specialists, P.C.

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BACKGROUND INFORMATION ABOUT IMMUNOTHERAPY (ALLERGY SHOTS) FOR PATIENTS

What is Immunotherapy?

Immunotherapy is a treatment used to relieve allergy symptoms of hay fever or allergic asthma by administering injections of substances such as pollens, mold spores, dust mites, animal dander, or insects to which an individual has been found to be allergic by skin testing. Immunotherapy initiates processes that seem to "turn off" the abnormal immune reaction that we term "allergy".

How are injections given and for how long?

During the "build up" phase, increasing doses of the allergy vaccine are given twice a week until a "maintenance" dose is achieved. The maintenance dose is considered the highest dose and concentration that a patient can tolerate and may differ from person to person. Build up usually takes 3-4 months. Once the maintenance dose is reached, shots are usually administered every 3-28 days over the ensuing several years of treatment. Clinical improvement with immunotherapy usually occurs in the first year. In a small percentage of patients, there is no improvement and, in this case, immunotherapy is discontinued. However, if symptoms do improve, injections are usually continued for at least 4 to 5 years of maintenance therapy. At that time you and your doctor will make a joint decision about whether to gradually taper and discontinue injections or to continue treatment. We ask that you do not discontinue your allergy injections without first consulting your physician.

The build up phase will be longer if there are reactions to your injections along the way. The time will also be prolonged if the injections are not received on a regular basis. However, missing shots for a short vacation or for some other problem is acceptable with appropriate regulation of the dosage. If there is an interval longer than 4 weeks between injections, you should consult this office by telephone before receiving your next injection.

Precautions

If you are wheezing, the physician should assess you to determine if you should receive your injection. Asthma is not a reason for stopping injections unless the injections themselves are causing the asthma. You should not receive your injection if you have a fever (temperature of 100º or higher).

Please notify your physician in this office if you become pregnant. A dose adjustment may be necessary, but injections do NOT need to be discontinued, rather should be continued at the same dose throughout pregnancy.

As an added precaution, you must wait in the medical facility where you receive your injection for at least **30 minutes** after each injection so that in the unlikely event of a reaction you can be quickly treated and observed, thereby decreasing the likelihood of a more severe reaction. Do not exercise for 2 hours following your injection(s) as this can facilitate further reactions.

Reactions to Immunotherapy

Local reactions (swelling, itching or tenderness at the site of the injection) may occur in patients receiving injections. Most reactions occur within 2 hours of the shot. These local reactions usually subside in less than a day. Local reactions lasting more than 6 hours necessitates a dosage adjustment. If, after leaving the office, you experience excessive swelling or tenderness in your arms, please tell the nurse prior to receiving your next injection.

Generalized systemic reactions may occur with patients receiving allergy injections and usually occur during the build up phase, although they can occur at any time during the course of treatment. The nurse must be notified of any systemic reactions. These generalized reactions may consist of any or all of the following symptoms: itchy eyes, nose or throat, runny nose, nasal congestion, sneezing, tightness in the throat or chest, coughing, or wheezing. Also, some may experience lightheadedness, faintness, nausea and vomiting, hives and, under extreme conditions, shock. Reactions can be serious, but rarely fatal.

Allergy shots are safe and effective if standard guidelines for allergy injections and appropriate safeguards are followed.

Treatment of Reactions

Simple local reactions that consist of swelling of the arm, redness or tenderness at the site of the injection are best handled with simple measures such as cold compresses or the use of medications such as an antihistamine. However, at the first sign of a systemic reaction, adrenalin (epinephrine) is usually given to counteract the reaction. Severe reactions that include chest symptoms are treated in the same way any asthmatic attack would be treated.

If, after you leave the facility, you experience a systemic reaction from an allergy injection please either **return to the office** or **proceed to the nearest emergency room** (ER). Before additional injections are given, or for questions or assistance, please call:

A.) Allergy Lab: (804) 285-7420
B.) After hours, weekends or holidays: (804) 285-7420

Alternatives to Immunotherapy

Alternatives to immunotherapy include continued treatment with medications and environmental controls.

Hours

The office is open for allergy injections on Monday, Tuesday, Thursday, and Friday from 7:30 AM to 4:30 PM and on Wednesday from 7:30 AM to 1:00 PM. No appointment is necessary; simply sign in at the injection station computer. A 72-hour interval is necessary between injection times (Monday then Thursday or Friday; Tuesday then Friday; Friday then Monday).

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IMMUNOTHERAPY PATIENT CONSENT FORM

(All Patients Must Sign)

Immunotherapy, or allergy injections, may cause some reactions which may consist of: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; or hives. Reactions are unusual, but may be serious. You are required to wait in the medical facility in which you receive the injections for at least **30 minutes** after each injection.

I have read the patient information sheet on immunotherapy and understand it. I understand that every precaution consistent with the best medical practice will be carried out to protect me against reactions.

Should I leave prior to the end of the 30 minute period, I agree to release RAAS and staff from any liability for any adverse result I may experience, and for any reaction resulting from the allergy injection.

I acknowledge that by signing this form I show my intent to begin immunotherapy. In preparation, the allergy vaccine needed for my shots will be made and charged to my account.

Patient Name: _____ DOB: _____ MR#: _____

Patient/Guardian: _____ Date: _____

Witness: _____ Date: _____

INJECTIONS ADMINISTERED AT AN OUTSIDE MEDICAL FACILITY WITH PHYSICIAN SUPERVISION

I have read all the information about allergy injections, and I agree that I will not attempt to administer my allergy vaccine to myself nor will I permit anyone who is not under the supervision of a licensed physician in a medical facility to administer these injections.

Patient/Guardian: _____ Date: _____

Witness: _____ Date: _____

Facility Where Injections Will Be Administered:

_____

_____