

ALLERGY AND ASTHMA INSTITUTE OF JOHNS CREEK

IMMUNOTHERAPY (Allergy Shot) CONSENT

Please read and be sure that you understand the following information below before signing the authorization for treatment on the next page.

1. **Hyposensitization** is the process by which an “allergic” person is made less sensitive to specific allergens (e.g. pollens, dusts, molds, insect venoms). This is accomplished by repeated injections of an increasing amount of the extract of the allergens into the body. The specific allergens to be given are determined by the individual’s history of exposure and reactions, and by the results of skin tests.
2. You (your child) have (has) been tested and a course of hyposensitization injections has been prescribed. Allergic patients are subject to more than a slight risk of reaction due to these injections. The vast majority of these reactions are of no serious consequence, but few can be life-threatening. In the order of increasing severity, the following brief descriptions explain the nature of these reactions:
 - a. **Local reactions** are common and usually restricted to a small area around the actual site of the injection. They may, however, involve the whole upper arm with varying degrees of redness, swelling, pain, itching, and burning.
 - b. **Generalized reactions** occur in less than 0.1% of all patients receiving hyposensitization shots, but are the most important because of the potential danger of collapse and death. Please let a staff member in the clinic know immediately if you notice any of these symptoms:
 - i. **Urticarial reactions** (hives) include varying degrees of rash, swelling of more than one part of the body, itching, burning, and possible hemorrhagic (blood under the skin) lesions and moderate to severe pain. This is not a common reaction. Its onset is usually within the first several hours following an injection. By itself, it is not a life-threatening reaction, but it can herald the onset of a more severe reaction (see below). When associated with the more severe reaction (in the minority of cases), the symptoms almost always occur soon after or simultaneously with the onset of hives. The risk of severe reactions is the greatest in the first several minutes after an injection is given and decreases as time passes.
 - ii. **Angioedema** is rare and is characterized by swelling of any part of the body, inside or out, such as the ears, tongue, intestine, throat, hands, or feet, alone or in any combination. It is usually accompanied by asthma, and may progress to the most severe reaction, anaphylactic shock. In the absence of shock, the principal danger lies in suffocation due to swelling of the tongue, palate, larynx, or trachea, which may block the airway.
 - iii. **Anaphylactic shock** is the rarest complication and is the catastrophic event characterized by acute asthma, vascular collapse, unconsciousness, and (if not immediately treated), death. This reaction nearly always will occur within 30 minutes of the injection. As with angioedema, life-saving operative intervention may be required to open and maintain an airway.

- iv. **Generalized delayed reaction** may consist of flaring of the symptoms we are trying to prevent, i.e. congestion, sneezing, or wheezing within several hours after the injection.
- 3. Any of the above reactions may occur at any time, with the first injection or after a long series, with no previous warning, and does not seem to be necessarily related to the dose (concentration or amount) of injected allergen.
- 4. **Always tell the nurse administering the shot if you suspected a reaction to the last shot before taking the next one!**
- 5. Please note that allergy shots do contain a minute amount of HSA.
- 6. The shots do not work instantly, and other medications and environmental precautions may be necessary. It may require 4-6 months to notice relief from symptoms and in some patients it may take up to a year. More than 80% of patients undergoing the allergy shots do get significant relief from the symptoms.
- 7. Shots are given once or twice a week during build-up phase.
- 8. **If you are taking a medication for high blood pressure, your heart, or migraine headaches such as a beta-blocker, or you start taking a beta-blocker during your treatment course, you must discuss this with your allergist before your next injection. This is because beta-blockers make allergic reactions harder to treat.**
- 9. For shot patients who are under the age of 16 years old, we must have a parent or legal guardian in the office while the patient receives their injections, as well as for the required waiting period. If you are unable to supervise your child during the injection or during the following waiting period, you may sign a consent form in our office allowing another adult to act in your place. If your child is between the ages of 16 and 17, you may sign a consent form for them to supervise themselves for their injections.

**CONSENT FOR ADMINISTRATION OF IMMUNOTHERAPY
AUTHORIZATION FOR TREATMENT**

I have read the information in this consent form and understand it. The opportunity has been provided to me to ask questions regarding the potential risk of immunotherapy and these questions have been answered to my satisfaction

Printed name of immunotherapy patient

Patient/legal guardian signature

Date signed

For office use only:

I certify that I have counseled this patient and or/authorized legal guardian concerning the information in this consent for Immunotherapy and it appears to me that the signee understands the nature, risks, and benefits of the proposed treatment plan.

Physician signature

Date signed