

Allergy & Asthma Center of Western Colorado, P.C.
Adult & Pediatric Allergy, Asthma & Immunology

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Also with Montrose Clinic Location

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ALLERGY INJECTIONS

Allergy injections (also called immunotherapy) are used to treat the allergic aspects of rhinitis and asthma. Immunotherapy has the advantage over drugs in that it treats the basic cause of the allergy. Drugs treat only the allergy symptoms, and they do not treat the cause of the allergy. Over a period of time, improvement with allergy injections is usually seen in 85-90% of people with nasal allergy (75-85% with allergic asthma). When an allergic individual starts allergy injections, time is required to alter the immune system. It may take a full year before a significant improvement is seen. Increasing amounts of antigens (pollens, mold, animal dander) to which you are allergic are injected. This allows for buildup of blocking antibody (IgG). Over a period of time, there is usually a decrease in the production of the allergic antibody (IgE). Allergy injections are always started on a trial basis. The injections are weekly or two times per week until maintenance is reached (usually 20 injections), then every two weeks. Later, injections are given once per month.

SUGGESTIONS REGARDING ALLERGY INJECTIONS

- 1) A 30-minute wait after an allergy injection is recommended by the American Academy of Allergy and Dr. Scott. Injections should be given in a medical office equipped to handle allergic reactions. Your injection sites will be measured at 30 minutes, just before you leave.
- 2) Please report any problems that might occur after you leave, such as large delayed swelling or sneezing soon after the shot, or any other symptoms, however mild, to the nurse. If delayed local swelling causes discomfort to you, tell the nurse so that she can reduce the next dose.
- 3) If any generalized symptoms (such as hives or difficulty breathing) develop after you have left the office, please phone the medical facility where you got your shot and/or return immediately.
- 4) Altering the immune system of an allergic person takes time. Do not expect dramatic improvement immediately. A response is seen in 85-90% of people with allergic rhinitis (75-85% with asthma) by one year.
- 5) Allergy injections should be continued for a minimum of five years. If you stop too soon, rebound or return of allergy symptoms is more likely.
- 6) Once injections are stopped after a full treatment course, about 1/3 of patients will experience a rebound of the allergy symptoms; however, this is usually mild. About 10% of patients off allergy injections will require them again later in life.
- 7) We hope you will not discontinue the injection program without first consulting Dr. Scott. A lot of careful thought by you and Dr. Scott has gone into the decision to start allergy injections. Equally careful thought should go into a decision to terminate allergy injections .
- 8) Our injection hours are below:
Monday, 8:15 - 11:00 a.m. and 12:30 - 5:00 p.m.
Wednesday, 8:15 a.m. to 5:00 p.m.
Thursday, 8:15 a.m. to 5:00 p.m.
If you must come at a different time than our regular schedule, please phone ahead to make certain Dr. Scott or Cathryn Schnell, P.A.-C., and a nurse are in the office.
- 9) Out-of-town patients should bring a copy of the injection record with them for follow-up visits with Dr. Scott.
- 10) Once on allergy injections, do not start beta-blocking drugs or eye drops. Call Dr. Scott if these are prescribed for you. They could make a systemic allergic reaction to your shot more severe.
- 11) Common sense avoidance of allergens is still important. Ideally, allergy injections or medications should be used in addition to good environmental control.

ALLERGY INJECTIONS: INFORMED CONSENT FORM

Allergy injections (immunotherapy, allergy shots) entail a certain risk. Increasing amounts of antigen (pollen, mold, animal dander or house dust mite) to which you are allergic are injected. Therefore, there is the possibility of having an allergic reaction to the allergy shot itself. Reactions can be local (at the shot site) or, less commonly, systemic or generalized (affecting the rest of the body). I understand that no guarantee has been made that this therapy will in fact improve or cure my symptoms.

Systemic reactions are the reactions to be concerned about the most. Systemic reactions can vary from being relatively minor to quite serious. The minor reactions may include flushing, itching, hives, nasal congestion, sneezing or coughing. More severe reactions can include difficulty breathing, asthmatic reactions, swelling of the throat and even shock. It is possible for a person to die from a systemic reaction to an allergy shot; however, this is very rare (an average of 1-2 deaths per year in the U.S.). Asthma can increase the risk of severe reactions or death from an allergy injection. If I have asthma I must carry my rescue inhaler as well as injectable epinephrine to and from my allergy shots.

Because of the risk of an allergic reaction to allergy shots, certain precautions are taken. We insist people take their injections in a doctor's office or medical facility with a physician or physician's assistant available. Dr. Scott recommends and we insist on a 30 minute wait after my allergy shots. If a severe reaction is going to occur, it usually occurs very soon after a shot is given, but occasionally a severe reaction can occur after a 30 minute waiting period. If this happens, the patient should immediately return to the doctor's office or go to the closest emergency room. Therefore, we require our patients to wait 30 minutes after their injections.

I understand that allergy injections should not be given to patients who are currently taking beta blocker medications. Beta blockers may be given for a variety of conditions, including hypertension (high blood pressure), angina (heart pain), arrhythmias (abnormal heartbeat), certain psychiatric disorders (panic attacks) and glaucoma (beta blocker eye drops). Consult your physician, pharmacist and/or Dr. Scott if you are not sure about a specific medication.

Your allergy injections may be given in our office or we can arrange for your extract to be sent to your primary care physician's office. We do not approve of allergy injections being given at home or without proper medical supervision; we will not accept responsibility for this, and we will not refill your allergy extract.

All questions I had about allergy injections were answered such that I understand this matter. Alternatives to allergy injections have been discussed with me. I have read the above carefully and understand all risks of allergy shots. I give my consent to treatment with allergy injections.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

Signature or Patient

Date

Signature of Parent/Guardian

Print Name

Date of Birth

I have explained the procedure and the risks of allergy injections to the patient and/or family, and in my opinion they understand the risks involved. Alternatives to allergy injections were also discussed.

William A. Scott, M.D./David R. Scott, M.D./Cathryn E. Schnell, PA-C

Date

