

BRANFORD PEDIATRICS & ALLERGY, P.C.

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INFORMATION AND CONSENT FORM FOR ALLERGY IMMUNOTHERAPY

NAME: _____ DOB: _____

Allergy immunotherapy, also known as allergy shots or allergy injections, is a form of therapy for allergic rhinitis (hay fever), asthma and stinging insect allergy. When these injections are repeated, the body builds resistance or "immunity" to the allergen. Many carefully performed studies have shown that immunotherapy decreases allergic symptoms.

Who should be treated with immunotherapy? First, the patient must have one of the conditions listed above. Second, skin tests or lab tests must have been positive to offending allergens, and symptoms must have occurred during exposure to the allergen. Third, the allergy condition should be resistant to adequate therapy with medication or the side effects of medication be unacceptable. The goal of immunotherapy is to improve the allergy condition and minimize the need for medications. Often, symptoms will completely resolve and medication usage becomes minimal or unnecessary. Progression of allergic rhinitis to asthma may be prevented.

Duration of immunotherapy is generally 4- 5 years, providing that improvement can be demonstrated after 1 year. Improvement can begin even after several weeks, but full improvement may require a year.

Remember, avoidance of all allergens, when possible, is the first and most important form of therapy. Further, medications, when effective, are safe and should be used when helpful.

Here is some important specific information about the allergy shots your child is now receiving:

For approximately the next 4-5 months, your child will be coming weekly, or in some cases twice weekly, for allergy shots. With each shot, we will "up" the dose by a slight amount until the maintenance dose is achieved. Once achieved, we will slow the frequency of the shots to every 2 weeks, then every 3 weeks, and then, finally, to every month. Except for the initial visit, and followup visits approximately every 6 months, you will not see a provider when receiving the allergy shots. You can make an appointment for the shot ahead of time or on the day of the shot.

Each time you bring your child, we will need to know BEFORE RECEIVING THE SHOT, if:
--with the last shot, there were any symptoms after leaving the office
--your child has shown signs of wheezing, persistent coughing or albuterol use IN THE LAST 48 HOURS

When you arrive, you will simply need to tell the receptionist that you are here for an allergy injection. After your child receives the shot, please note the time, for you will return to the waiting room for a wait of 30 MINUTES. At that time, you can come back to the shot room and have one of the nurses check your child's arm.

LOCAL REACTIONS: A small bump and a slight amount of itching is not unusual and can be relieved with an anti-itch cream, which we have on hand—a larger reaction might require a dose of Benadryl. For the time that your child is receiving shots, you should have Benadryl (diphenhydramine) available in your car and at home. For repeated large local reactions, it would be appropriate, if your child is not already on one, to administer a long-acting antihistamine the morning that your child is to receive the shot to cut down on the size of the reaction.

SYSTEMIC REACTIONS: Rarely, a child might have a systemic (overall body) reaction to an allergy shot—THIS REQUIRES IMMEDIATE ATTENTION. That is the reason why it is so important that you wait the 30 minutes that we ask of you. THERE IS NO WAY OF PREDICTING SUCH A RESPONSE, but it is more common during allergy season or when asthma is poorly controlled. A systemic response will almost always happen within several minutes of the shot and YOU MUST IMMEDIATELY RESPOND AND HAVE YOUR CHILD LOOKED AT. Any of the following symptoms would apply:

Overall body itching (frequently of the neck)
Hives – at the site or all over
Chest tightness, shortness of breath, tightness in the throat
Cough, difficulty swallowing, itchy mouth or throat, hoarse throat
Swelling of the lips, tongue or throat
Stomach cramps, vomiting, diarrhea
Faintness or dizziness

Luckily, this is a rare occurrence, and there are medicines available in the office to quickly manage the reaction. Prompt attention is the key. IT IS EXTREMELY IMPORTANT THAT YOU STAY IN THE OFFICE WITH YOUR CHILD DURING THE 30 MINUTE WAIT TIME—(patients who drive themselves should be comfortable with self-evaluating for a systemic reaction and comfortable with recognizing the symptoms). If you request it, we will provide you with a self-injectable epinephrine for the even more rare possibility of a reaction after you have left the office—should this occur, epinephrine should be administered and 911 be called. This will be discussed, in detail, with you.

ALL OF THIS INFORMATION SHOULD BE REVIEWED AND UNDERSTOOD BY YOUR CHILD. We welcome any questions that you have about your child's allergies or allergy shots—we will try to be as accommodating and as flexible as we can while maintaining a safe protocol for receiving allergy injections.

Signature of Parent or Guardian _____ Date _____