

First Allergy Injection



Congratulations!

With your first allergy injection you are on your way to better health. Remember, injections are given Monday through Thursday and injection hours are listed on our website.

What should I expect?

- Fewer allergy symptoms - allergy injections have an 80% efficacy rate
- Less medication use
- Less fatigue and fewer headaches and "sinus problems"
- Fewer asthma flares

We hope you will notice improvement within months. You may be able to taper your medications, particularly those which have been designated "as-needed", such as antihistamines and decongestants.

Patient Responsibility Initial_____ Date_____

- **Maintain a consistent injection schedule.** Weekly injections are required at first; with time, our goal for you is a monthly injection schedule. If timely injections are not received, you may have to restart your injection program.
- **Wait 30 minutes every time you receive your injection.** Self-monitoring for at least 30 minutes in a healthcare setting is required due to risk for reaction. Report all reactions to a healthcare person for immediate evaluation. Injections will be discontinued if you are unable to comply with the mandatory wait period.
- **Only receive injection when you are healthy.** Do not receive an injection if you have used your asthma rescue medication within the preceding 24 hours or note cough, wheeze, or chest tightness.
- **Schedule an extract prescription visit:** we recommend a visit at 3-6 months after initiating program to review, at minimum by month 11.
- **Notify us if a beta blocker medication** (used in treatment of elevated blood pressure, migraine headaches, or glaucoma) **has been added to your regimen.** Immunotherapy is generally contraindicated while on these agents.
- **Notify us if you become pregnant.** Injections may usually be continued during pregnancy without increases in dose.
- **Assume financial responsibility for any out-of-pocket costs;** such as, your allergy extract and/or injection administration fees. Please note, cost may be increased if you are late for your injections which may require dilutions or new extract.

What is an allergy injection reaction?

Since you will be receiving injections of substances to which you are allergic, there is the possibility that you may develop a reaction, usually beginning within thirty minutes. For this reason, **we insist**, for your safety, that you remain in a medical setting under medical supervision for thirty (30) minutes after receiving your injections. Please report all symptoms immediately – reactions can occur with the very first injection or after many years of therapy, may be more common in your severe allergy season, with first injections from new vials, and in the buildup phase. **In addition, you consent to treatment of adverse reactions, should they occur, including ambulance transport to an emergency room/hospital.**

Local reactions - soreness, redness, warmth, itching, or swelling may occur at the injection site. Please inform the nurse if the size extends past half-dollar size or if there is a delayed reaction, so that adjustments can be made.

Systemic reactions – sneezing, nasal congestion, red, itchy, swollen eyes; hives, stomach or uterine cramping, vomiting, diarrhea; swelling of the lips, tongue, and/or throat; wheezing, cough, or asthma symptoms, rapid heart rate, or drop in blood pressure or shock.

Fatal reactions have been described - the risk is estimated to be 1 in 2.5 million injections. This is far less than the death rate associated with lightning strikes, adverse drug reactions, or auto accidents.

What can I do to prevent reactions?

Grand Rapids Allergy suggests pretreating with a nonsedating antihistamine such as Claritin or Zyrtec approximately one hour before receiving an injection, which may prevent or reduce the severity of a reaction. Patients who have experienced prior systemic reactions may elect to carry an Epinephrine Auto-Injector for use in the event of a rare delayed systemic reaction.

When should I come back? Initial_____ Date_____

Please schedule an appointment as recommended by your physician, certainly sooner if there are problems. Annual revisits are required to continue allergy injections. Call the Scheduling Department @ 949-4840, Prompt 3.

Thank you for the opportunity to participate in your health care. In signing this statement, I acknowledge that I have read and fully understand the information above. I have been provided the opportunity to read the practice's Frequently Asked Questions regarding immunotherapy and have been able to ask and have my questions answered to my satisfaction.

Patient or Parent/Guardian Signature_____ Date_____

Patient Name_____ DOB_____

If I cannot be present, I allow my minor child to receive injections while being accompanied by a designated individual **at least 16 years or older.** This includes treatment and transport to an emergency room/hospital as described above. Also, I understand if I am not present injections may not be given per Grand Rapids Allergy discretion.

Parent/Guardian Signature_____ Witness_____