



## **IMMUNOTHERAPY: PATIENT INSTRUCTIONS AND CONSENT FORM**

**Immunotherapy**, otherwise known as allergy shots, is a very effective treatment and long-term solution for allergic disease. When small amounts of the substances one is allergic to, or allergens, are injected into the skin on a regular basis, the body will build up resistance to that allergen and lessen the effects of the reaction. Very small amounts are used at first, and the amount is slowly and safely increased until tolerance is achieved and the allergies are “cured.”

Improvement in allergy symptoms is a gradual process. Injections usually have to be administered for 3-5 years to obtain maximal results. For treatment to be successful and safe, it is crucial that a regular injection schedule be followed. This will be weekly in the beginning and gradually spaced out with time.

Follow-up appointments with a physician are important to monitor the treatment’s efficacy and side effects. Any changes in health history or medications must be brought to the attention of the medical staff prior to injections.

Immunotherapy should not be administered to pregnant women. A pregnancy test can be ordered if you are unsure if you are pregnant.

Immunotherapy may not be safe in patients with unstable or uncontrolled asthma, as it can worsen asthma symptoms. It is important to have asthma medications available while undergoing immunotherapy in order to treat exacerbations.

Certain medications **SHOULD NOT** be taken while undergoing immunotherapy. If you are taking the following medications, it is important to discuss this with the medical staff.

**Beta-Blockers**, including carvedilol (Coreg), labetalol (Normodyne), nadolol, pindolol, propranolol (Inderal), sotalol, timolol, atenolol (Tenormin), esmolol, and metoprolol (Lopressor, Toprol).

**Tricyclic Antidepressants**, including amitriptyline (Elavil, Tryptizol, Laroxy), doxepin (Adapin, Sinequan), imipramine (Tofranil, Janimine, Pramiril), nortriptyline (Pamelor, Aventyl), and propizipine (Depressin, Vagran).

**Monoamine Oxidase Inhibitors (MAO-I)**, including Isocarboxazid (Marplan), Phenzelzine (Nardil), Selegiline (Emsam, Eldepryl, Zelapar), and Tranylcypramine (Parnate).

**Angiotensin Converting Enzyme Inhibitors (ACE-I)**, including benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), and trandolapril (Mavik).



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The most common reaction to the injection is skin irritation at the injection site. This skin reaction will gradually dissipate within 30-60 minutes. Some people will experience local swelling beginning 4-8 hours after testing. This is not serious and typically no treatment is required. Taking antihistamines before or after injections can be helpful to prevent or treat such reactions.

Less than 1% of patients may develop a systemic reaction to immunotherapy, which may consist of any or all of the following symptoms: itchy eyes, nose, or throat, nasal congestion, runny nose, tightness in the throat or chest, wheezing, lightheadedness, nausea or vomiting, hives, or anaphylactic shock. This is very rare, but in the event of such reactions, the staff is fully prepared and emergency equipment is readily available. The majority of such reactions will occur within **20-30 minutes** following injection; therefore we ask that you remain in the office for monitoring during this time.

All patients who undergo immunotherapy **MUST have an EpiPen** with them at all times. This medication can save a life in the event of a serious reaction.

I have read the patient information sheet on allergy immunotherapy and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction.

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Signature of Patient or Responsible Party

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Date

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Print Name of Patient and Responsible Party (if any)

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Witness

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Date