

INFORMED CONSENT FOR ALLERGY
IMMUNOTHERAPY

Allergy immunotherapy (shots) contain water extracts of pollens, mold or dust components to which a patient has been shown to be allergic by skin testing. Venom allergy shots, as the name implies, are actual doses of a natural stinging insect venom or its purified components. With either type of injection, as with other substances injected into the body, there may be a “shot reaction”. These generally are mild and include:

1. General hives (welts).
2. Nasal congestion and / or “runny nose” with itching of ears, nose or throat and / or sneezing.
3. Itchy, water or red eyes.
4. Swelling of tissue around the eyes, tongue or throat, or a sensation of a lump in the throat.
5. Stomach or uterine (menstrual-type) cramps.

Occasionally, more severe reactions include wheezing, coughing, shortness of breath or chest tightness. Rare complications are abnormalities of the heartbeat and / or drop in blood pressure. Severe reactions involving the heart, lungs and blood vessels have occasionally been fatal.

It has been shown that patients improve with allergy shots in proportion to the strength of the prescription. It is my philosophy to balance risk versus benefit, to try to get you better and off shots in 4 to 5 years, and to minimize the irreducible risk inherent in higher dose therapy as much as possible. To this end, you must receive your allergy shots in location where a physician is present. No patient will be allowed to self-administer shots.

Experience has shown that the overwhelming majority of reactions which require emergency treatment occur within 20 minutes of an injection. It is for this reason that all patients who such injections must remain for 20 minute’s until checked by a clinic nurse or physician. Anyone leaving prior to this does so against medical advice, In case you have a reaction after leaving the office, you will be given a prescription for an epinephrine injector and instructions in its use. Have it with you on days when you get your shot.

The overwhelming majority of reactions are mild and easily reversible with treatment with epinephrine and possibly an antihistamine in addition. If you notice any unusual symptoms after your shot, inform the nurse of doctor IMMEDIATELY. Please do not try to “not bother the nurse” or “Be sure” before telling us; please let us make the decision as to whether some vague symptoms which you may feel are a genuine reaction.

Patients who are on a Beta-Blocker drug (used for high blood pressure, or other cardiac problems and occasionally migraines) may not receive immunotherapy because a Beta-Blocker blocks the response to epinephrine. If after being started on allergy shots your primary care doctor considers putting you on a Beta-Blocker you should inform him or her that either a substitute will have to be found or you will have to discontinue shots.

In signing this statement, I acknowledge that I have read fully and understand the information that it contains, and that I have been able to have any questions answered by one of the allergy technicians or physicians.

PHYSICIAN COUNSELOR _____

PATIENT (PARENT IF PATIENT IS A MINOR) _____

WITNESS _____

DATE: _____

**Allergy & Asthma Center
Joel Katz, MD Brenda Brechler, APN
2625 Box Canyon Drive
Las Vegas, NV 89128
702-360-6100**

INFORMED CONSENT FOR ALLERGY SERUM

I am aware by signing the informed consent for allergy immunotherapy, Allergy & Asthma Center will mix my allergy serum and I will be responsible for any outstanding balance. My serums will be mixed at the end of the business day.

PATIENT SIGNATURE (PARENT IF PATIENT IS A MINOR) _____

DATE: _____