

**CONSENT FOR ADMINISTRATION OF SPECIFIC ALLERGEN IMMUNOTHERAPY
(SUBCUTANEOUS IMMUNOTHERAPY - SCIT)**

Name _____ Chart # _____ DOB _____

PLEASE READ AND BE CERTAIN THAT YOU UNDERSTAND THE FOLLOWING INFORMATION PRIOR TO SIGNING THIS CONSENT FOR TREATMENT

PURPOSE

The purpose of subcutaneous immunotherapy (SCIT / allergy shots) is to decrease your sensitivity to allergy-causing substances, so that exposure to the offending allergen (pollen, mold, dust mites, animal dander, etc.) will result in fewer and less severe symptoms. Subcutaneous immunotherapy has been widely practiced for over 100 years though the exact mechanism of action is still under investigation. Scientific research has shown that allergy shots will lead to an alteration of your immune system's response to naturally occurring allergens. These alterations may permit you to tolerate exposure to the allergen with fewer symptoms and reduce your need for allergy medications. The degree of this tolerance is different for each person and is, therefore, somewhat unpredictable.

INDICATIONS

To qualify for subcutaneous immunotherapy, there must be documented allergy to substances in the environment that cannot be avoided. Documentation of allergy can be in the form of a positive skin test or a positive blood test. In addition to proven allergy by one of the above tests, you should also have a recurring history of rhinitis (hay fever) or asthma when coming into contact with allergen sources. Allergy immunotherapy comes with a certain degree of risk, so depending on your symptom severity your physician may first suggest avoidance measures and allergy medications prior to starting a course of immunotherapy.

EFFICACY

It is recommended that allergy immunotherapy be continued for 3-5 years to achieve lasting benefits. Improvement in your symptoms will not be immediate but many patients report significant changes with their disease upon reaching higher doses of allergen. Individual responses to immunotherapy can vary and not everyone will achieve optimal relief, but your chances of improvement are better when you adhere to your treatment plan closely. Your physician will periodically review your progress on immunotherapy and make any adjustments if needed.

PROCEDURE

Subcutaneous immunotherapy is usually begun at very low doses. This dosage is gradually increased on a regular basis until a therapeutic dose (called the "Maintenance Dose") is reached. SCIT treatment is typically administered weekly while the dose is being increased - this is called the Build-Up Phase. The Build-Up phase may last several months to ensure that you tolerate the treatment well. After the Maintenance Dose is achieved, SCIT is continued on a weekly, bi-weekly, or monthly basis, at a stable dose though dose adjustments may be necessary depending on your tolerance. The specifics of your dosing regimen will be outlined at the start of your treatment.

DURATION OF TREATMENT

It usually takes 6-8 months to reach a Maintenance Dose. The time may be longer if you experience reactions or if the doses are not received on a regular basis. It is important that you follow the recommended schedule. If you anticipate that regular doses cannot be maintained, subcutaneous immunotherapy should not be started. Immunotherapy may be discontinued at the discretion of the doctor if the doses are frequently missed, as there is an increased risk of adverse reactions under these circumstances. Most immunotherapy patients continue treatment for 3-5 years, after which the need for continuation is reassessed.

ADVERSE REACTIONS

Allergy injections entail a certain risk. The program consists of injecting into an individual, in increasing doses, allergens to which he or she is allergic. Thus, it is possible to have an allergic reaction to the shot itself. Reactions can be local (at the shot site) and/or systemic (affecting the rest of the body). Local reactions occur in most people at some time during the building of their allergy vaccine dose. Some local itching and swelling can be expected. If not excessive, for example, not over quarter sized and lasting not over one day, this is of no concern. If the reaction is larger than this, the subsequent dose of allergy vaccine should not be increased and may be reduced.

Allergy immunotherapy is associated with some widely recognized risks. Risk is present because a substance to which you are known to be allergic is being administered to you in increasing doses. Some adverse reactions may be life-threatening and may require immediate medical attention. Potential adverse reactions include, but are not limited to, the following (listed in order of increasing severity):

A. LOCAL REACTIONS:

Local reactions occur in most people at some time during the building of their allergy injection dose. Some local itching and swelling can be expected at the injection site. Most reactions are not over quarter sized and resolve within one day, and these are less concerning. If the reaction is larger, the subsequent dose may be repeated or reduced. These reactions are more likely to occur as you reach the higher concentrations and higher doses. The reactions may occur minutes to hours after the dose and can usually be treated successfully with oral antihistamines.

B. GENERALIZED REACTIONS:

Systemic reactions are the most concerning and occur in approximately once in every 500 injections. Systemic reactions can vary, and while most are relatively minor, some can be quite serious. The minor reactions may include flushing, heart pounding, itching, hives, and nasal congestion, sneezing or coughing. More severe reactions can include difficulty breathing, asthmatic reactions, swelling of the throat, and even shock. Severe reactions, even though unusual, can be serious and rarely, fatal. The use of Beta-blockers (usually used to treat high blood pressure), poorly controlled asthma, and other significant medical problems, such as heart disease can increase the risk of death from allergy injections. Thus, any new medications, changes in your asthma symptoms or medical status should be reported to our staff before you receive your next allergy injection. Some conditions make allergic reactions to shots more likely; heavy natural exposure to pollen, concurrent infection or vigorous exercise just before or after a shot. If any of these apply, we either reduce the dose of the shot, or defer the shot. Reactions can occur, however, even in the absence of any of these conditions.

ALTERNATIVES TO SUBCUTANEOUS IMMUNOTHERAPY

Patients have three alternative approaches to their sublingual allergy treatment: (1) avoidance of recognized environmental allergens, (2) medications for symptom control, and (3) sublingual immunotherapy (allergy drops – SLIT). Your discussion with the physician has outlined the “pros and cons” of each approach, as well as the option of no specific treatment. Depending on your medical need, you may be referred to an allergy specialist for follow-up.

PRECAUTIONS

Because of the risk of an allergic reaction to allergy injections, certain precautions are taken. **We insist that people wait in the doctor’s office for thirty (30) minutes after an allergy shot.** We will check your arm and measure any local reaction before you leave. Research has shown that the majority of reactions occur with the first thirty minutes following an allergy injection, but this does not guarantee that a reaction will not occur later. If a severe reaction occurs, it is important receive medical treatment immediately.

PREGNANCY

Females of child-bearing potential: If you become pregnant while on immunotherapy, notify the office staff immediately, so that the doctor can determine an appropriate dosage schedule during pregnancy. Doses should not be advanced during pregnancy, but may be maintained at a constant level, at the physician’s discretion. It is not generally recommended to initiate immunotherapy during pregnancy.

NEW MEDICATIONS

Please notify the office staff if you start any new prescription medication, particularly for high blood pressure, migraine headaches, or glaucoma. “Beta blocker” medications are contraindicated while on immunotherapy, and your immunotherapy will need to be discontinued while you are taking a beta-blocker.

If you have questions concerning anything in this Consent for Administration of Specific Allergen Immunotherapy (SLIT), please direct the questions to the nurses or the doctor. Once your questions have been answered and you have made the decision to begin allergen immunotherapy, please initial and date the first page of this document, then sign the Authorization for Treatment (below) in the presence of a witness and return it to our front desk. Thank you.

**CONSENT FOR ADMINISTRATION OF SPECIFIC ALLERGEN IMMUNOTHERAPY (SUBCUTANEOUS - SCIT)
AUTHORIZATION FOR TREATMENT**

I have read the information in this consent form and understand it. The opportunity has been provided for me to ask questions regarding the potential risks of allergen immunotherapy, and these questions have been answered to my satisfaction. I understand that precautions consistent with the best medical practices will be carried out to protect me from adverse reactions to immunotherapy. I do hereby give consent for the patient designated below to be given specific allergen subcutaneous immunotherapy (SCIT) over an extended period of time and at specified intervals, as prescribed by a physician.

Printed Name of Immunotherapy Patient

Medical Record Number

Patient Signature (or Legal Guardian)

Date Signed

Witness

Date Signed

FOR OFFICE USE ONLY:

I certify that I have counseled this patient and/or authorized legal guardian concerning the information in this Consent for Specific Allergen Immunotherapy (SCIT) and that it is my opinion that the signee understands the nature, risks, and benefits of the proposed treatment plan.

[Physician Name]

Date Signed

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Initials:

Date:



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