Phone: 269-415-7007 **Park Allergy Center** Fax: 269-348-0702

Instructions for patients receiving allergy injections/ Consent

1. **All patients should remain in the waiting area for at least 30 minutes after each shot. If a patient does not wait for 30 minutes, the patient will be given one warning. If a patient fails to wait for 30 minutes after receiving a warning, that patient will no longer receive allergy shots or allergy extract from this practice.**

2. Adverse reactions to allergy shots may occur at any time. The fact that a person has previously received allergy shots without reactions does not eliminate the possibility of a serious reaction in the future.

3. Vigorous exercise, particularly in hot, muggy weather, may increase the risk of an adverse reaction to allergy shots. Therefore, one should avoid allergy shots before or after periods of planned exercise for 2 to 3 hours.

4. Potentially serious reactions, which should be brought to the attention of the nurse or doctor **IMMEDIATELY,** include:
   A. Sensation of generalized warmth followed by localized or generalized itching.
   B. Sensation of tightness in throat or chest, cough or wheeze.
   C. Sensation of swelling or itching of the throat, tongue, ears, or roof of mouth.
   D. Itching of the nose followed by sneezing, nasal stuffiness and eye symptoms such as redness, itching, or puffiness.
   E. Hives (localized or generalized) occurring within several minutes after the injection.
   F. Feeling of faintness, sense of doom, or feeling something is wrong.
   G. Sensation of uterine cramping, nausea, or diarrhea.

If you or someone else in the waiting area experience any of these symptoms, report immediately to the nurse or doctor. These types of reactions are potentially life threatening and require immediate treatment.

THE MOST DANGEROUS REACTIONS USUALLY OCCUR WITHIN MINUTES AFTER THE INJECTIONS, AND THIS IS THE REASON FOR THE MINIMUM WAITING PERIOD OF 30 MINUTES.

5. If any of the above symptoms occur after you leave the clinic, contact the clinic where you received your injection or go to the nearest Emergency Department.

6. Swelling at the injection site may be treated by placing ice cubes in a cloth or an ice pack on the injection site. The ice should be placed on the injection site for 20 minutes, removed for 20 minutes, and replaced for 20 minutes. Continue this cycle for up to one hour. DO NOT place ice directly on the skin as this could cause injury to the skin. This helps decrease the size of the swelling and the itching. Oral antihistamines such as Benadryl (diphenhydramine) may also help reduce local itching.

7. Symptoms starting more than 24 hours after the injection are probably not related to the injection, but if you have questions or concerns, talk with your allergy doctor.

8. Receiving allergy injections regularly reduces the risk of an adverse reaction. During the initial build-up, the injection dose is usually increased only when given weekly. If you are more than one week late for your injection, the dose may be reduced.

9. It is very important to report any reactions (or any other difficulties related to injections) to the nurse or doctor before the next injection, so that any necessary dose adjustment can be made.

10. Allergy injections may be continued during pregnancy, but the dosage is often reduced. During pregnancy, antihistamines and other medications may need to be changed.

11. Patients who receive **"beta-blockers"** (usually prescribed for high blood pressure, heart disease, or migraine headaches) should NOT receive allergy injections.

12. Patients who are ill with severe cold or flu symptoms should not receive their injection. An appointment for an injection should be canceled under these circumstances and rescheduled when the symptoms resolve. Patients with mild cold or flu symptoms may receive their injection provided their temperature is less than 100 F

13. **Patients who become pregnant while on allergy injections must contact our office before any further allergy injections are administered.** In some cases, injections are modified and continued. In other cases, injections are discontinued.

14. Full strength allergy extracts have a shelf life up to 1 year. However, the less concentrated allergy extracts used during the buildup phase can have a shelf life as short as 8 weeks. If patients are unable to complete their recommended schedule before their extract expires, new extract will need to be made. Patients will be charged for this new extract.

15. All patients below the age of 16 must be accompanied by a parent or guardian to receive injections. The parent/guardian must remain in the office during the 30 minute waiting period after the injection.

16. Patients are required to schedule appointments at recommended intervals with one of our providers while on allergy injections. Treatment will be suspended if these appointments are not kept.

If you will be receiving your injections at another medical facility:

17. We will prepare your allergy extract and give you your first injection(s) at our office. You will then transport your extract to the medical facility where you will be receiving the remainder of your injections. You are responsible for replacement of missing or damaged vials.

18. When you are ready for new extract, you will need an appointment at our office to receive the first injection(s) from the new extract. Due to the large number of patients and limited time slots, this appointment should be made as soon as possible.

19. When you have completed your schedule of injections and are ready for new allergy extract, **a copy of the administration schedule must be sent to us one week before your next appointment. If we do not receive the administration schedule one week in advance, your new extract may not be made in time for your appointment.** Ultimately, it is your responsibility to get a copy of that schedule to us. We suggest you request the original copy of the administration schedule every time you complete your schedule of injections. **You must bring the original copy of the schedule and any remaining extract each time you come in for new extract.**

20. A specific, set number of doses will be placed into each vial and subsequently charged to you or your insurance company. **Patients receiving their allergy injections from medical facilities other than Park Allergy Center tend to receive fewer doses than what was originally prepared and charged. Park Allergy Center is not responsible for any of these lost doses.**

I have read and understand the "instructions for patients receiving allergy injections." I have been informed of the potential benefits and risks of allergy injections. **Furthermore, I give my permission for Park Allergy Center to prepare my extract. I understand that I will be charged for this extract the day it is made and not necessarily the day I receive my first injection. I understand that charges for the administration of my shots are separate from the charges for the extract itself.**

x_____
Print patient name

x_____ _____
Patient (guardian) signature Date

For office use only

Shot location: ET LT OT1 OT3 OT4 G W1 W2 W3 R Dm C D MA MB MC Cs (circle all that apply)