

INSTRUCTIONS FOR ALLERGY INJECTIONS

The results of your allergy testing indicate that you will benefit from immunotherapy (allergy desensitization). You have chosen to receive allergy injections or shots. Shots are given in the upper arm(s) weekly by the nurse. You will be asked to remain in the office for 20 minutes to monitor for a reaction. Doses are escalated (increased) each week according to a schedule based on safety and efficacy. It typically takes 40 weeks to achieve the maintenance dose (strongest shot) that relieves your symptoms without causing a significant reaction. The successive week's shot is slightly stronger than the previous week's shot. Please monitor the injection site for 48 hours by checking once a day for redness and swelling/firmness. On each visit, please inform the nurse if you developed a local reaction (redness, swelling/firmness or both) at the site of your previous injection or if your allergy symptoms worsened, improved or were unchanged by the previous shots. Once you have reached your maintenance dose at approximately 40 weeks, you may receive your shots at home. We will teach you, a family member or a friend how to give the injections. Of course, you can still come to the office once a week for the injections if you desire. Simply arrange a time with the front desk patient representative. For those choosing to have their injections outside the office, you must contact us at least 4 weeks before your serum runs out so the nurse can order a new vial. Also, you must return to the office each time you start a new vial, about every 20 weeks, to receive the first injection from that vial. You must bring your record of injections when you return to the office. The nurse will review your progress and give you the new vial to take home. It is your responsibility to contact our office to order your serum and to make the appointment. Please call if you have any questions.

Please continue your current allergy medicines while on shots. Sometimes allergy symptoms are temporarily worsened when starting shots and/or when your particular season rolls around. For those not taking an antihistamine, adding one daily like Xyzal, Zyrtec or Claritin lessens the local reactions as well as nasal symptoms.

Of course, the overall goal of immunotherapy is to reduce your need for allergy medicines. Experience shows that most people don't notice a lot of relief for the first 3 months of shots. The period of 3 months to 2 years includes complete escalation and beginning maintenance. Most RAST scores are improved after 2 years. Your RAST will be repeated then. Continuing allergy shots for 3 to 5 years has shown excellent results for most patients. People typically stop because of symptom relief, changing to drops or persistent soreness at the injection site (kids more than adults).

REACTIONS TO ALLERGY SHOTS

The technique of determining both the presence and degree of sensitivity to an allergen by blood testing (RAST) then confirming the final treatment mixture on the skin makes a reaction to an allergy injection unlikely. However, the following information is furnished to make your treatment even safer. Please read it carefully, and call us if you have questions. **Keep this sheet where it can be easily found should you need it.**

To treat a possible reaction, you will need an antihistamine and epinephrine. I recommend Benadryl 25 mg capsules which are available without a prescription. Epinephrine is available in an auto injector called the EpiPen or EpiPen Junior. You will receive a prescription, and it should be kept available when allergy shots are given. Bring it with you to each appointment, but don't keep it in a hot car. It is unlikely that it will ever be needed, but it must be available. Don't forget to check the expiration date from time to time.

The most common reaction is a local reaction. This can occur at the time of the injection, or it can develop within an hour after the shot. It can last up to 24 hours. A delayed local reaction more common with mold allergens typically develops 48 hours after the shot. This is an area of swelling and firmness with or without erythema and with or without itching at the injection site which is larger than a quarter. Redness and/or firmness can also be due to an infection (rare) or to a reaction to the preservative (glycerine) in the mixture. If local itching or swelling around an injection site occurs, take an antihistamine like Benadryl, Xyzal or Zyrtec. **REPORT THIS TO THE NURSE BEFORE YOUR NEXT INJECTION FOR DOSAGE ADJUSTMENT IF NECESSARY.** A severe reaction begins with intense itching of the membranes of the throat, nose and even chest within 5 to 10 minutes of the injection. It may or may not be preceded by a local reaction. If this occurs, take Benadryl 50 mg which is two 25 mg capsules. If any swelling of the face or uvula (soft tissue in the back of the throat), generalized areas of redness and itching of the body or a sense of chest congestion occur, administer one dose of epinephrine from your EpiPen injecting it into the soft tissue of the upper thigh. Put a tourniquet cord or belt above the place where you gave the allergy shot to slow further absorption of that material into your body. If it is necessary to administer epinephrine, go immediately to the emergency room where you can receive medical attention while contact is made with the doctor on call. For asthma patients that begin to wheeze, immediately take albuterol metered dose inhaler 2 puffs and repeat in 5 minutes. If no better, proceed to the EpiPen and then the emergency room.

CONTINUING ALLERGY CARE

The following instructions will help us give you the best care while you are receiving allergy injections:

REGULAR INJECTIONS: Injections are given by appointment. If you are unable to keep this appointment, call and let us know if we can make arrangements to give your injection at another time. Experience shows that weekly shots can be given with 4 days or 10 days apart without changing the schedule.

INJECTIONS AT HOME: After your dose has been advanced to a maintenance level, we will be glad to teach you or a family member or friend to give your injections, you will be instructed by the nurse as to the proper schedule and procedure to follow at that time.

If you experience problems, you will be asked to come in and get your next shot in the clinic. This is for your safety.

INFECTIONS AND MEDICAL PROBLEMS: If you have a fever (100° or more), your allergy shot will not be given. Any throat or respiratory infections should be reported to the nurse, and she will probably advise you to make an appointment with the doctor for examination and treatment. Upper respiratory infections may increase the risk for a reaction from the shot.

MISSED SHOTS: If you repeatedly miss allergy injections, it becomes impossible for us to manage your allergy effectively and safely. If more than three weeks elapses between injections, you will have to see the allergy nurse for your next shot, which will probably be at a lower dosage than previous injections, with gradual progression back to the level attained. If you will call to discuss schedule conflicts with us, we will try to help you continue regular injections with a minimum number of missed shots.

REGULAR FOLLOW-UP: In addition to contacting the allergy nurse in advance for preparation of vials, etc. you will need to see the doctor every 4-6 months during the time you are receiving injections. This allows him to monitor and direct your course of treatment, which we feel is a key to success in allergy management.