

Consent for allergy shots given outside of an ENT & Allergy of DE office

Instructions for take-out injection immunotherapy

- Refrigerate all extract. Do not freeze.
- Use a disposable allergy syringe 27 gauge ½ inch, regular bevel. Inject at a 45-90 degree angle below the skin layer into the fat on the back of the arm approximately halfway between the elbow and the shoulder. Never give into the muscle.
- Increase or maintain dose as directed.
- Always question the patient before injection. The following are reasons not to proceed with shot:
 - Any significant local or system reactions from the last injection
 - An acute illness or fever or having asthma symptoms
 - Strenuous exercise within the last 2 hours
 - If the patient is on weekly shots and it has been longer than 21 days since the last injection, please contact our office for proper instructions.

Information on injection immunotherapy

Please notify your primary care physician that you have started immunotherapy. Immunotherapy may have to be discontinued for patients that are prescribed beta-blockers (a common medication used to treat high blood pressure or glaucoma).

The most common local reaction is redness at the injection site and minor swelling. While this is uncomfortable, it is not dangerous (unless greater than the size of the palm of your hand).

- Please do not scratch or rub injection site.
- Ice, benadryl, or cortisone cream may be applied for comfort measures.
- An antihistamine such as (zyrtec, xyzal, allegra, etc.) prior to injections may be beneficial.
- If swelling does not go away in 24 hours, please call our allergy department.

Systemic reactions, although exceedingly rare, can occur (swelling of face/hands/feet, difficulty breathing, tight feeling in the chest or wheezing). If this should occur, use your epinephrine as instructed and call 911.