

Clarity ENT

Immunotherapy Informed Consent

Purpose: Allergy immunotherapy, also known as allergy shots, is a treatment designed to reduce allergic reactions to substances such as pollen, mold, pet dander, and dust mites. The treatment involves injecting small amounts of allergens into the body over time, gradually desensitizing the immune system and reducing the severity of allergic reactions.

Efficacy: Improvement in your symptoms will not be immediate. It usually requires three to six months before any relief of allergy symptoms is noted, and it may take 12 to 24 months for full benefits to be evident. Usually 85% to 90% of allergic patients on immunotherapy note significant improvement of their symptoms. This means that symptoms are reduced, although not always eliminated.

Treatment Plan: Allergy injections usually are begun at a very low dose. This dosage is gradually increased on a regular (usually weekly) basis until a therapeutic dose (often called the “maintenance dose”) is reached. The maintenance dose will differ from person to person. Injections typically are given once a week while the allergen dose is being increased. After the maintenance dose is determined, the injections may be given every one to four weeks. It is important that the recommended schedule of injections be followed. Allergy injections may be discontinued at the discretion of your physician if injections are frequently missed, as there is an increased risk of reactions under these circumstances. Most immunotherapy patients continue treatment for three to five years, after which the need for continuation is reassessed.

Benefits:

- Reduction in allergy symptoms such as sneezing, congestion, itching, and watery eyes.
- Decreased reliance on allergy medications.
- Potential long-term relief from allergic reactions.

Risks and Discomforts:

While allergy immunotherapy is generally safe, potential risks include:

- Local reactions at the injection site (e.g., redness, swelling, itching).
- Generalized reactions (e.g. itchy eyes, nose, or throat, runny nose, nasal congestion, sneezing, tightness in the throat or chest, coughing, wheezing, lightheadedness)
- Angioedema: swelling of any part of the body, inside or out, such as the ears, tongue, lips, throat, intestine, hands or feet, alone or in any combination. Angioedema may occur within minutes after the injection and requires immediate medical attention.
- Anaphylactic shock: acute asthma, vascular collapse (low blood pressure), unconsciousness and potentially death. This reaction usually occurs within minutes of the injection and is extremely rare.
- Failure to obtain desired effect

Alternative Treatments: Alternative treatments may include allergen avoidance, medications (antihistamines, nasal sprays), or other immunomodulatory therapies.

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Contraindications: Allergy immunotherapy may not be suitable for individuals with certain medical conditions, including severe asthma or uncontrolled autoimmune diseases. Your healthcare provider will assess your medical history to determine if you are a suitable candidate for this treatment.

Financial Responsibility: I understand that costs associated with allergy testing, immunotherapy injections, and follow-up visits may vary and that I am responsible for these expenses. If my insurance plan does not pay for the antigen or injections, I will be responsible for the payments myself. I understand that I am responsible for any co-pays or the portion of charges not covered by insurance. I authorize the office to bill for allergen vaccines after they have been made, even if I decide not to get immunotherapy.

Patient Instructions:

- I understand that I must have my own Epi-pen on my person before an allergy injection can be administered.
- I understand that it is required for me to wait in the waiting room AT LEAST 15 MINUTES after each allergy injection.
- I will notify the doctor or staff immediately if I have any allergic reactions to my injections so that proper treatment can be initiated. If there is swelling greater than the size of a quarter at the site of injection, I will notify the nurse or physician before receiving my next injection. About 30% of patients get a local reaction.
- I understand that if I have asthma, it should be under control when I receive an injection.
- I will report any current illness before an allergy shot is given.
- I will inform the office if my medications change while on allergy injections. This is especially important for blood pressure medicines, such as beta-blockers. Allergy injections may not be allowed in patients who receive beta-blocker medication.
- I will contact the office immediately if I become pregnant while on allergy injections.

Voluntary Consent: I have read the information in this consent form and I understand it. The opportunity has been provided for me to ask questions regarding the potential risks of immunotherapy, and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice 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 immunotherapy (allergy injections) over an extended period of time and at specified intervals, as prescribed. I hereby give authorization and consent for treatment, including authorization and consent for treatment of any reactions that may occur as a result of an immunotherapy injection.

Name of Patient (Please Print)

Patient Signature

Date

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature

Date