Instruction and Consent Letter for Patients

<Insert date>

Re: Receiving allergy injections outside prescribing allergist’s office

Dear <patient name>

We understand that you will receive your allergy injections at another health care facility outside of this office. For your continued safety and well-being, we want to make sure that you are fully aware of several important issues about allergy shots. To do so, I have enclosed a Position statement on the administration of immunotherapy outside of the prescribing allergist facility.¹

Allergy injections, when appropriately administered, effectively alleviate symptoms caused by allergic diseases, such as hay fever, eye symptoms, allergic asthma, and insect allergy. However, as is true with any form of treatment, there are potential side effects. By injecting allergic patients with the very things to which they are allergic, it is possible to cause an allergic reaction. Some of the symptoms of such a reaction can include shortness of breath, hives, drop in blood pressure, and even loss of consciousness. Very rarely, these reactions can be life-threatening and result in death.

If you experience any increased allergy symptoms, difficulty breathing, light-headedness or any unusual symptoms after receiving your allergy injection please report them to the physician or staff immediately.

It is for these reasons that patients are not permitted to receive their allergy injections at home. Also; the physician supervising your allergy injections should be prepared to treat an adverse reaction and have available various medications and equipment.

It is also important that you remain in the office where you receive your injection for 30 minutes following your injection and that a physician be present during that time adjustments in your dosage sometimes are necessary when you have worsening of your nasal symptoms or asthma from a cold or allergen exposure. Similarly, dosage adjustments are sometimes necessary if you have large bumps at your injection site or have hay fever symptoms, asthma, or other symptoms following your injection. The nurse or physician monitoring your injections will ask questions regarding your health status prior to administering your injection. Please inform him/her if you are having increased allergy or asthma symptoms, new medications or other change in your health status or problems with your previous injection. The instructions accompanying your allergen immunotherapy vials contain information about adjusting your dose if there has been a gap in your treatment or if you encounter difficulties with large local reactions.

Together, we can control your allergic problems. Help us help you by receiving your shots on a regular basis. Please feel free to call on us if you have any questions about your injections or injection schedule. We look forward to seeing you at your next office visit.

Updated 4/5/2011
Sincerely,

<Prescribing allergist>


Please complete the following if the allergen vaccine will be administered at an outside medical facility.

I have read (if new patient) or re-read (if established patient) all the information about allergy injections, and I agree that I will not attempt to administer my vaccines to myself nor will I permit anyone who is not a licensed physician or under the supervision of a licensed physician to administer these vaccines.

Patient (or parent/guardian if minor) __________________________ Date:__________

Witness__________________________________________________________

FACILITY WHERE IMMUNOTHERAPY INJECTIONS WILL BE ADMINISTERED:

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