University of Maryland
University Health Center

INFORMED CONSENT FOR ALLERGY IMMUNOTHERAPY

Allergy immunotherapy shots contain water extract of pollen, mold, or dust to which a patient has been shown to be allergic by skin testing. Venom allergy shots, as the name implies, are actual doses of a natural stinging insect venom or its purified components. With either type of injection, as with other substances injected into the body, there may be a "shot reaction".

These generally are mild and include:

1. Burning or itching at the injection site
2. Swelling or hives at the injection site
3. Generalized hives (welts)
4. Nasal congestion and/or "runny nose" with itching of ears, nose, or throat and/or sneezing
5. Itchy watery or red eyes
6. Swelling of tissue around the eyes, the tongue, or throat
7. Stomach or uterine (menstrual-type) cramps

Occasionally more severe reactions include:

8. Wheezing, cough, and shortness of breath

Rare complications are:

9. Abnormalities of the heart beat
10. Loss of ability to maintain blood pressure and pulse

Severe reactions involving the heart lungs and blood vessels could be fatal. However, if recognized and treated early the risk is reduced.

Experience has shown that the overwhelming majority of reactions which require emergency treatment occur within 30 minutes of an injection. It is for this reason that all patients who receive such injections must remain for 30 minutes in our designated waiting area until checked by our allergy nurse. Anyone leaving prior to this time does so against medical advice and repeat offenders may be requested to get allergy shots elsewhere.

Punctuality is important! It is dangerous to deviate from the prescribed schedule as there is an increased risk of a complicated reaction to the allergen solution if it is given after a prolonged interval from the previous injection. For your own safety, you should keep your appointments. If you frequently miss your injections for any reason, the Health Center may require new written or telephone instructions from your allergist.

I am aware that allergy injections MUST NOT be given to patients taking or using "Beta Blocker" drugs. These drugs increase the likelihood of systemic reactions and make such reactions more difficult to reverse.

I certify that I am not taking or using these drugs now, and if in the future these drugs are prescribed for me I agree to inform the Allergy Clinic Nurse at that time. Some examples of "Beta Blockers" are:

Betapace
Betoptic (Betaxotol Propranolol)
Blocadren (Timolol)
Cartol
Corgard (Nadolol)
Corzide (Nadolol & Bendroflumethiazide)
Inderal (Propranolol)
Inderide (Propranolol & Hydrochlorthiazide)
Kerlone
Levatol
Lopressor (Metoprolol)
Normdyne
Inderal
Sectral
Tenoretic (Atenolol & Chlorthalidone)
Tenormin (Atenolol)
Timolide (Timolol & Hydrochlorthiazide)
Timoptic (Timolol)
Trandate
Visken (Pindolol)
Zebeta
Ziac

I hereby give consent to the University of Maryland Health Center for allergy immunotherapy and I further consent to the performance of such additional procedures as are indicated or considered necessary in the judgment of the treating physician to treat any reactions to the allergy injections.

I have been fully informed of the risks connected with the performance of allergy immunotherapy. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the allergy immunotherapy.

IN SIGNING THIS STATEMENT, I ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTAND THE INFORMATION THAT IT CONTAINS, AND THAT I HAVE BEEN ABLE TO HAVE ANY QUESTIONS ANSWERED BY ONE OF THE ALLERGY NURSES OR PHYSICIANS.

Patient's signature (Parent, if patient is a minor): _____

Witness: _____ Date: _____

A. Gail Lee, M.D.
Unit Charge Physician