

FAIRFIELD COUNTY ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.C.

ADULT AND PEDIATRIC ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY

DIPLOMATES OF THE AMERICAN BOARD OF ALLERGY & IMMUNOLOGY

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ALLERGY INJECTION GUIDELINES AND INFORMATION

- **BE PREPARED TO WAIT THE FULL 20 MINUTES** after you receive your injection. It is our policy that all patients wait this designated amount of time after every injection and **have your arm checked** by the nurses after you have completed your waiting period.
- **Tell the nurse if you had a reaction** to your last injection, or if you are ill so your dosage may be adjusted, or your injection skipped altogether.
- **Always sign up for an allergy injection.** Allergy injections are given by appointment, and not on a walk-in basis. Please cancel if you are unable to keep an injection appointment, or call if you are running late.
- **If you are taking antibiotics,** you may have an injection 48 hours after starting the medication. If you have had fever, you must be fever-free for 48 hours.
- **After swiping ID card, check in with the receptionist** when you come for your injection. If you notice someone is called in for an injection before you, who came in after you, remind the receptionist that you are here.
- **No exercise after injection** for at least two hours. The optimum waiting period is four hours.
- **It takes approximately 25 to 30 weekly injections to reach maintenance** provided injections are received weekly and no reactions occur. Your dosage may need to be decreased if you are not feeling well, and this will cause the work-up to be delayed. Some people are unable to reach the top dose; it varies depending on your body.
- **If you have received other inoculations,** you must wait 48 hours before receiving an allergy injection.
- **If you are started on any new medications,** especially those for blood pressure, heart disease, chronic headache or glaucoma, advise the nurses! Some medications interfere with allergy injections. A few of them include: Blocadren, Corgard, Corzide, Inderal, Inderide, Lopressor, Normodyne, Trandate, Sectral, Tenoretic, Tenormin, Timolide, Visken and Timoptic. Please ask the nurse for the full listing.
- **Please** notify the office if you are pregnant.
- **Please** ask if you have **any** questions.

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ALLERGEN IMMUNOTHERAPY

Allergen immunotherapy (allergy injections) is used to decrease your allergic sensitivity to inhalant allergens such as pollens, mold spores, dust mites, pet danders and stinging insect venoms.

PROCEDURE

The procedure involves receiving injections of purified, sterile extracts made from the inhalant allergens to which you had a positive skin test, and that are suspected of inducing your symptoms. The injections are begun with small doses of dilute extracts which are gradually increased until the maintenance, or the maximal tolerated dose, is attained. The injections are usually administered weekly until the maintenance dose is reached, at which point the interval may be gradually extended to two, three, and then finally, to every four weeks. It usually takes five or six months to reach the maintenance dose; however, missed doses, or reactions to a prior dose, can slow the procedure by preventing safe increases.

REACTIONS

Allergen immunotherapy is safe if the appropriate guidelines are followed. Reactions to allergy injections can occur and range from a small swelling at the site of the injection, called a local reaction, to a more severe systemic, or generalized, reaction which can include hives, swelling of the throat, cough, sneezing, itching, watery nose or eyes, shortness of breath, wheezing, or faintness. Systemic reactions are rare and generally occur within 20 minutes of receiving your injection, hence the importance of waiting in the office for that period of time. Swelling at the site of the injection and, rarely, a slight worsening of your symptoms, may occur for a day or so following an injection. These delayed reactions should be reported because the subsequent dose may have to be adjusted.

RESPONSE

Allergen immunotherapy can be very effective; however, the response is gradual and varies from person to person. Improvement in symptoms does not usually occur until the maintenance dose is achieved, and it may take up to two years before the maximal benefit is obtained. If there is no clear benefit after two years, immunotherapy should be discontinued. If there is substantial benefit, immunotherapy should be continued from three to five years, at which point, consideration should be given to stopping the injections for an observation period. Some people continue to do well off injections, while others will only have a minimal increase in symptoms easily controlled by safe medications. Some may have to resume immunotherapy.

It is important that you have periodic evaluations while on immunotherapy. Changes in the content or dosing schedule may be necessary to optimize results.