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Venom Immunotherapy Consent 6/11

Purpose: Immunotherapy for venoms (venom shots) is done to desensitize your body to the venom that you have tested positive to on your skin. The desensitization is done slowly (see schedule below) starting with a dilute mix and building to a more concentrated mix. Venom shots are usually continued for at least 5 years.

Technique: A mix set of at least 3 vials will be prepared for you. Each vial will be a different dilution and increase in concentrations as you advance (Vial #1-1: 100, vial #2-1: 10 and vial #3-1: 1) to the maintenance vial. It will take at least 15 shots to reach your "top" or maintenance level.

Typical Shot Dose Schedule:

Dose No.	Volume of 1µg/mL
1	.05mL
2	.10mL
3	.20mL
4	.40mL

Dose No.	Volume of 10µg/mL
5	.05mL
6	.10mL
7	.20mL
8	.40mL

Dose No.	Volume of 100µg/mL
9	.05mL
10	.10mL
11	.20mL
12	.40mL
13	.60mL
14	.80mL
15	1.00mL

Shots are given subcutaneously in the upper arm using a small needle. Some patients need a lower (or higher) maintenance level depending on their clinical response. You will need to receive your shots no more than 10 days apart from each other until you reach maintenance. After this time your dose schedule may be altered to every other week to monthly. The shot dose may be increased or decreased according to the time since your last shot or previous reaction to a shot.

Before every shot you must do a peak flow test. This is a test of lung function and must be at least 80% of your established "best" peak flow. We will not give you a shot if you are wheezing or are unable to reach your 80% level for peak flow. We do charge for peak flow testing at each allergy shot. Please bring your Epi-Pen with you on every shot day, and you will need to have taken an antihistamine in order to get your shot.

You will be asked to double check the correct vial and dosage of your shot mix. All minors must have an adult with them to check the vials and dose at the time of the shot.

For your safety, we require that you wait 30 minutes in the office after every shot. Your 30 minutes begins after you receive the injection. There are no exceptions. Please plan your schedule accordingly.

Risks: It is possible to have a life-threatening reaction to an allergy shot. Approximately 25% of patients receiving immunotherapy, over the entire course of their shot program (years), will experience a mild to moderate adverse reaction to an allergy shot. The risk of dying from an allergy shot is 1 out of every 2 million shots given. In a Mayo Clinic report, out of almost 80,000 allergy shots given, adverse reactions occurred in less than two-tenths of 1 percent (0.137). Most reactions were mild and responded to immediate medical treatment. There were no fatalities [1]. For your safety, we only give shots when a physician is present in the office and we do have emergency equipment available.

Symptoms of possibly life-threatening reactions might include chest tightness, wheezing, cough, shortness of breath, flushed skin, itchy skin, hives, a "funny" feeling, or metallic taste in your mouth. Please let any staff member know as soon as possible if you experience any unusual symptoms. If you have left our office and experience symptoms, please go to the nearest

emergency room or call 9-1-1 for assistance. Use your Epi-pen as instructed if you are having severe wheezing or difficulty breathing.
Benefits: Venom Immunotherapy has been shown to be extremely effective in preventing future systemic reactions in those who are sensitive to venom exposure [2].

Materials: We use materials from ALK-Abello and Hollister-Stier labs. We add Sterilized Human Serum Albumin (HSA) to reconstitute and dilute the venoms. This is a sterilized human product and has been used for over 50 years. Please let us know if this product conflicts with your religious beliefs. Information is available in the office with more detailed information.
Special Medical Concerns: If you are positive to the Human Immunodeficiency Virus (HIV) or have Acquired Immune Deficiency Syndrome (AIDS) or have Chronic Hepatitis, please let Dr. Blessing-Moore know. Shots may not be recommended for patients with HIV/AIDS.

Please let us know if you are pregnant, as your shot dose will not be advanced. Also, if you start any new medications, please let us know immediately. Beta Blockers and ACE Inhibitors are a particular concern. They are given usually to treat high blood pressure, glaucoma, and migraine headaches. They can come in pill or eye drop form. We do not give venom shots to patients on Beta Blockers or ACE inhibitors.
Insurance/Costs: The cost of venom shots will depend on the number of venoms you receive and how many injections. It is your responsibility to be aware of your insurance plan benefits, limits, and co-pay amounts. Most insurance companies pay for each dose as it is administered. If you choose to discontinue your venom therapy before all of your vials are used, you may be charged for the remaining doses. The vial sets expire one year after they are made. We will have you sign a consent form to mix more venom antigen for you each year.
Appointments: You do need to make an appointment to receive your shots. You can do this through the front desk, or by going to www.schedulicity.com. We also have a text messaging program to update our patients to any changes to our regular shot hours. It is necessary to see Dr. Blessing Moore 2 months after starting the shots and then every 6 months, for follow up. We suggest you schedule these appointments early to allow us to offer you a convenient time.

I have read and understood the risks and benefits discussed in the above information and agree to receive allergy shots for myself or my child, in this office. I know I can discontinue the shot program at any time. With respect to my own interests, beliefs, and concerns, I know I can ask questions to Dr. Blessing-Moore and her staff.

Patient Signature: _____ Date: _____
(Or parent if patient is a minor)

Patient Name: _____ Witness: _____
(Please Print)

Consent for children under 16 years old to receive shots without a parent or guardian present:
I give permission for my child to receive shots at Dr. Blessing-Moore's office without me being present. If emergency care is necessary due to an allergic reaction, I know my child will be treated and transferred as necessary to a hospital.

Parent Signature: _____

Emergency Contact Number: _____

References:
1. Valyaservi MA, Yocum MW, Gosselin VA, Hunt LW. Systemic Reactions to Immunotherapy at the Mayo Clinic. J Allergy Clin Immunol 1997; 99:S66.
2. Valentine MD. Anaphylaxis and Stinging Insect Hypersensitivity. JAMA 1992; 268:2830-2833