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**INSTRUCTIONS FOR ALLERGY TESTING**

**SKIN TESTING**

1. Discontinue all antihistamines either prescription or over the counter, 48 hours (2 days) prior to the testing appointment. Please be aware that some sleep aid medications contain diphenhydramine (Benadryl) or antihistamine ex: Advil PM, Tylenol PM.
2. Wear a sleeveless shirt. The testing is done on the upper arms from the shoulders to the elbows.
3. Testing appointment will take between 1-2 hours.
4. Call to reschedule if you:
  - A. are ill – have fever – are on antibiotics less than 48 hrs
  - B. have hives
  - C. are wheezing/having an asthma attack
  - D. have taken steroid treatment in the last 4 weeks prior to testing
  - E. forget to discontinue antihistamines
  - F. are unable to keep the appointment

**APPOINTMENT DATE:** \_\_\_\_\_

If allergy treatment needs to be started, you will need another appt. and the above information will apply for this appointment as well.

**ANY QUESTIONS OR TO RESCHEDULE CALL:  
972/596-4005 x103**

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**Immunotherapy/Skin Testing  
Information/Acknowledgement**

**ACKNOWLEDGEMENT OF INFORMATION READ ON ALLERGY SKIN TESTING AND ADMINISTRATION OF IMMUNOTHERAPY – ALLERGY INJECTIONS**

**PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE FOLLOWING INFORMATION PRIOR TO SIGNING THE CONSENT FOR TESTING OR TREATMENT.**

**INDICATIONS FOR SKIN TESTING**

The patient has seen the doctor, physician assistant, or nurse practitioner with allergy symptoms and has tried the typical medications such as antihistamines/decongestants, steroid nasal sprays without successful symptom management. This procedure is to determine if a patient is allergic to an airborne pollen/allergen.

**PROCEDURE FOR SKIN TESTING**

The patient has been instructed to discontinue all antihistamines 48 hrs. prior to scheduled skin testing. There is a panel of antigens (pollens, molds, dust mites, and cat & dog) that are administered individually in the subcutaneous tissue on the upper arms. The antigens used are native to this area. Upon beginning, each allergen is administered at a very weak dilution. If the antigen does not reveal positive in a formulated measurement, the allergy technician will then administer a stronger dilution of the same antigen. There are 5 dilutions the technician may use. If none of these show a positive reaction by measurement on the skin, the patient is not allergic to that specific antigen. All reactions are recorded and the record is shown to the doctors for determination of treatment.

**PURPOSE**

The purpose of immunotherapy (allergy injections) is to decrease your sensitivity to allergy-causing substances, so that exposure to the offending allergen (pollen, mold, mites, and animal dander) will result in fewer and less symptoms. This does not mean that immunotherapy is a substitute for avoidance of known allergens or for the use of allergy medications, but rather is a supplement to those treatment measures.

Allergy injections have been known to lead to the formation of “blocking” or protective antibodies and a gradual decrease in allergic antibody levels. These changes may permit you to tolerate exposure to the allergen with fewer symptoms. You, in effect, become “immune” to the allergen. The amount of this immunization is different for each person and is, therefore, somewhat unpredictable. In most patients this takes approx. 3-4 years from the time a maintenance level is reached in the treatment.

## **INDICATIONS FOR IMMUNOTHERAPY**

To qualify for immunotherapy, there must be documented allergy substances in the environment that cannot be avoided. Documentation of allergy is either in the form of a positive skin test or a positive blood test. In addition to demonstrable allergy by one of the mentioned tests, problems such as hay fever or asthma should occur upon exposure to the suspected allergen, or you may have history or a severe reaction to an insect sting. Due to the inherent risks of immunotherapy, avoidance measures and medical management should be attempted first.

## **EFFICACY**

Improvement in your symptoms will not be immediate. It usually requires 3 to 6 months before any relief of allergy symptoms is noted, and it may take 12-24 months for full benefits to be evident. About 85-90% of allergic patients on immunotherapy note significant improvement of their symptoms. This means that symptoms are reduced, although, not always completely eliminated.

## **PROCEDURE**

Allergy injections usually begin at a very low dose. This dosage is gradually increased on a regular basis (usually 1 time per week) until 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 vaccine dose is being increased. This frequency reduces the risk of reaction and permits the maintenance dose to be reached within a reasonable amount of time. After the maintenance dose is determined, the injections can usually be given every 1-3 weeks.

## **DURATION OF TREATMENT**

It usually takes 3-6 months to reach a maintenance dose. This time may be longer if there are reactions or if the injections are not received on a regular basis. For this reason, it is important that the recommended schedule be followed. If you anticipate that regular injections cannot be maintained, immunotherapy may be discontinued at the discretion of one of the providers if the injections are frequently missed, as there is an increased risk of reactions under these circumstances. Most immunotherapy patients continue treatment for 3-4 years, after which the need for continuation is reassessed.

## **ADVERSE REACTIONS**

Immunotherapy is associated with some widely recognized risks. Risk is present because substances to which you are allergic are being injected into you. Some adverse reactions may be **life threatening** and may require **immediate medical attention**. In order of increasing severity, the following brief descriptions explain the nature of these potential reactions.

### **A. LOCAL REACITONS:**

Local reactions are common and are usually restricted to a small area around the site of the injection. However, they may involve the entire upper arm, with varying degrees of redness, swelling, pain, and itching. These reactions are more likely to occur as you reach the high concentrations and higher volume injections. You should notify the allergy department if your local reaction exceeds two inches in diameter or lasts longer than 24 hours.

### **B. GENERALIZED REACTIONS:**

Generalized reactions occur rarely, but are the most important because the potential danger of progression to collapse and death if not treated. These reactions may include:

- (1) **Urticarial reactions (hives)** include varying degrees of rash, swelling, and/or itching of more than one part of the body. There may be mild to moderate discomfort, primarily from the itching. This uncommon reaction may occur within minutes to hours after an injection.
- (2) **Angioedema** is rare and is characterized by 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. This may occasionally be accompanied by asthma and may progress to the most severe reaction, anaphylactic shock. In the absence of shock, the principle danger lies in suffocation due to swelling of the airway. Angioedema may occur within minutes after the injection and requires immediate medical attention.
- (3) **Anaphylactic shock** is the rarest complication. This is a serious event characterized by acute asthma, vascular collapse (low blood pressure), unconsciousness, and potentially death. This reaction occurs within minutes of the injection and is extremely rare.

The above reactions are unpredictable and may occur with the first injection or after a long series of injections, with no previous warning. **All generalized reactions require immediate evaluation and medical intervention.** If a localized or generalized reaction occurs, the vaccine dosage will be adjusted for subsequent injections. Appropriate advice and treatment will always be available from our office staff at the time of any adverse reaction.

## **OBSERVATION PERIOD FOLLOWING INJECTIONS**

**All patients who are receiving immunotherapy injections will wait in the clinic area for 15 minutes following each injection.** If you cannot wait the 15 minutes after your injection, you will not receive the injection that day. If you have a systemic reaction, you may be advised to remain in the clinic longer for medical observation and treatment. If a local reaction occurs after you leave the clinic, take an antihistamine if you haven't taken one that day, apply cortisone or antihistamine cream to the injection site, and if there is swelling, apply a cold compress; please report this to our clinic. **If a systemic reaction occurs after you have left the clinic, go to the nearest medical emergency facility; do not try to return to the clinic.** There are several allergy vaccine-related deaths each year in the United States. While most systemic reactions are not life-threatening if treated promptly, this fact stresses the importance of remaining in the clinic area for the suggested observation time. If you do not remain in the clinic area for the designated time, the doctor may recommend discontinuation of immunotherapy.

**\*Under no circumstance will injections be given without a signed consent form from the parent/legal guardian of a minor.**

**\*Under no circumstance will injections be permitted without the immediate availability of emergency medical treatment. A legal guardian must accompany any child receiving immunotherapy injections in this clinic. Teenagers who are driving may receive injections without a legal guardian provided we have a current signed consent form from a legal guardian.**

## **INITIAL EXTRACT PRESCRIPTION**

Your initial prescription includes all vaccine vials that are required to reach a "maintenance" dose. In order to use these vials prior to the expiration of 4 months from the date of preparation, you will need to receive injections regularly. If the vials expire, the occurrence will be evaluated and remixing of the serum will be determined.

## **NEW MEDICATION**

Please notify the allergy department staff if you have any new prescription medication, particularly medication for high blood pressure, migraine headaches, and glaucoma. **"Beta blocker" medications change our emergency treatment protocol and it is imperative that we know if you are taking this type of medication.**

## **PREGNANCY**

**Females of childbearing age:** If you become pregnant while on immunotherapy, notify the allergy department staff so your doctor can determine an appropriate dosage schedule for the injections during pregnancy. Immunotherapy will **not** be advanced during pregnancy, but may be maintained at a constant level. This decision, however, must have the consent of your obstetrician.

## **ACKNOWLEDGEMENT**

I acknowledge that I have received the following information on immunotherapy:

Test information/preparation instruction sheet with appointment date and time.

Injection/Allergy department schedule

Initialed information/instruction packet.

# ALLERGY INJECTION SCHEDULES

## THE FOLLOWING IS THE SCHEDULE FOR ALLERGY INJECTIONS:

0.10cc.....wait 4 – 7 days  
0.20cc.....wait 4 – 7 days  
0.30cc.....wait 4 – 7 days  
0.40cc.....wait 4 – 7 days  
0.50cc.....NOW WAIT 7 – 10 DAYS and continue every 7 – 10 days until vial/vials are finished. Then the next higher concentration will be mixed and you will repeat the schedule starting with 0.10cc... This continues until you reach a maintenance level which is usually 3 – 5 increases depending on your allergic level. A minimum of 4 days is necessary between injection days unless you are on a maintenance dose and this requires 7 days minimum.

Some local swelling and itching are normal with allergy injections and will usually decrease over time. If the swelling is larger than quarter size or lasts longer than 24 hours, please inform the allergy staff before your next injection. Your dose will be adjusted accordingly.

Allergy injections are offered in our clinic on a “walk-in” basis during the following hours. No appointment is necessary; simply sign in at the allergy clinic during the designated hours. A parent or legal guardian must be present before an injection will be given to a minor. A teenager must have a signed consent form. **All allergy injections require a 15 minute wait afterward.**

## CONTACT & HOURS FOR INJECTIONS:

972-596-4005 x103

**MONDAY:           CLOSED**  
**TUESDAY:       9:00am -- 11:45am and 1:30pm -- 5:30pm**  
**WEDNESDAY:   9:00am -- 11:45am and 1:30pm -- 4:30pm**  
**THURSDAY:     7:30am -- 11:45am and 1:30pm -- 4:30pm**  
**FRIDAY:         7:30am -- 12 noon**

## REASONS ALLERGY INJECTIONS NOT GIVEN:

- You cannot wait 15 minutes after the injection.
- Sunburn
- Fever
- Infection (You may resume injections when you have been on an antibiotic 48 hours and are feeling better.)
- Illness
- Unusual stress or fatigue
- Antibiotic treatment less than 48 hours
- Other immunizations including flu shot within 48 hours
- Wheezing or asthma attack/flare-up