

Allergy Drops/Tablets - Informed Consent

What are allergy drops/tablets?

An allergy drop/tablet is administered under the tongue. Allergy drops/tablets are used to treat allergies by giving you small amounts of substances to which you are allergic on a regular basis in order to increase your tolerance. Allergy drops/tablets are a prescription from your doctor. Keep out of reach of children.

Allergy drops, specifically, are prepared individually for you, based on your own allergies, and may include pollen, mold, dust mite, animal dander, and/or other allergens. Allergy drops are administered daily, at home, by holding the drops under your tongue for 2 minutes prior to swallowing.

What are treatment alternatives?

The best way to treat allergies is to avoid the substances to which you are allergic, although medications can also be used to aid in symptom control. Allergy injections will decrease allergy and asthma symptoms and potentially induce a remission of your allergies.

What are the risks of allergy drops/tablets?

Local reactions: The most common side effects are mouth-itching and swelling. Some people may experience upset stomach or nausea. These are considered minor reactions. If these symptoms occur, we recommend you take an antihistamine such as Claritin, Zyrtec, or Allegra before or after using your allergy drops. Studies have shown that these symptoms typically improve within the first 2-4 weeks of continued therapy.

Systemic reactions: Severe reactions are rare, but symptoms may include cough, wheeze, shortness of breath, chest tightness, difficulty swallowing, hives, uterine cramping, or itching of your palms. You are expected to have access to self-injectable epinephrine (EpiPen). If any one of these symptoms occurs, follow your written Emergency Plan, which may include self-administration of epinephrine (EpiPen). Please seek immediate care, discontinue therapy, and call our office for further instructions. There have been no reported deaths with allergy drops.

What are the benefits of allergy drops/tablets?

You should experience fewer allergy symptoms as your allergen sensitivity decreases.

You can expect approximately 60% improvement in symptoms with **allergy drops**, versus 80% with traditional allergy injections and 40% short-term benefit with medications alone. The program should be continued for a total of 3-5 years in order to achieve full benefit. Annual reviews are required to monitor your progress.

What can I do to prevent reactions?

Grand Rapids Allergy suggests pretreating with a non-sedating antihistamine such as Claritin or Zyrtec approximately one hour before receiving allergy drops, which may prevent or reduce the severity of a reaction. Patients who have experienced prior reactions may elect to carry an EpiPen for use in the event of a rare delayed systemic reaction.

What do we expect from you?

Consistency is important in your immunotherapy program. You are expected to use your allergy drops/tablet daily, following the schedule we have provided. If you have asthma, the risk of a severe reaction may be increased if allergy drops/tablets are given during an asthma flare, defined as cough, wheeze, or chest tightness. Therapy may be resumed when your asthma is well controlled and you are symptom free. We recommend discontinuing allergy drops/tablets if you become pregnant or if you are placed on a beta blocker medication until you have discussed ongoing treatment with your provider.

Beta Blocker Consent

Beta blockers may reduce or stop the effectiveness of emergency treatment if you experience anaphylaxis. **If you are currently on or begin using any type of beta blockers you must inform us as soon as possible.** If you choose to continue immunotherapy you acknowledge the potential risks associated with beta blocker usage.

(Initial) _____ I acknowledge that I am presently taking a beta blocker medication. I understand that these medications are commonly used to treat high blood pressure, arrhythmias, heart palpitations, tremors, glaucoma and migraine headaches. They may increase my risk for a systemic reaction that is resistant to treatment.

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I acknowledge that I have read and fully understand the information in this consent form. I consent to receiving the first dose of my allergy drop program at my allergist's office. (All minor children must be accompanied by a parent or legal guardian.) I agree to schedule regular follow-up visits to review my progress while I am on this program. I have been able to ask and have my questions answered to my satisfaction.

Patient Name

DOB

Signature of Patient or Responsible Party

Date

Witness

Date

3.24 (___consent SLIT)