



## CONSENT FOR ADMINISTRATION OF ACCELERATED (CLUSTER) IMMUNOTHERAPY

**Accelerated (Cluster) Immunotherapy** schedule is designed to accelerate the buildup phase of immunotherapy. This schedule allows a patient to reach a maintenance dose in a shorter time than the more traditional allergy immunotherapy schedule. In this regimen, allergy injections are initially given 1 or 2 times per week with a schedule that contains fewer total injections than are given in the conventional immunotherapy. A series of 3 or more allergy injections are administered per visit on nonconsecutive days at 30 minute intervals over a period of 2-3 hours. Lung function (spirometry) may be measured at the beginning and at the end of each day of the procedure. Also, lung function with a peak flow will be checked before each injection. Patients will be observed in the office for at least ONE hour after the last injection. After accelerated (cluster) immunotherapy is completed, allergy injections will be continued at 2-3 week intervals.

**Advantages** of the accelerated schedule not only include improved convenience with lessened weekly visits but also more rapid clinical benefit. Accelerated (cluster) immunotherapy may be associated with the increased risk of allergic reactions during the procedure (approximately 5-10 % - see references)

It may be necessary to stop giving injections if the patient develops a large local reaction or has systemic allergic reaction. The patient will be treated for the reaction potentially with intramuscular Epinephrine, oral or injectable antihistamines, oral or injectable steroids, oral famotidine, nebulized albuterol, and oxygen.

**Premedication** is recommended to reduce the risk and severity of local and systemic allergic reactions. The patient will be advised to take non-sedating antihistamines, anti leukotriene, and an H3- blocker on the day before, TWO hours before the day of procedure, and day after procedure.

Factors that increase the risk of a systemic allergic reaction include:

- poorly controlled asthma
- extremely high sensitivity to the allergens

The patient may have redness, swelling, or a bump at the site of the injection. Risks include hives, increased allergy symptoms, such as nasal congestion, sneezing, or itching (especially if the mouth or throat), wheezing, shortness of breath and chest tightness, anaphylaxis (severe allergic reaction with low blood pressure, swelling of the throat, severe wheezing and cramping), cardiac arrest and death.

### REFERENCES:

- Winslow AW, Turbyville JC, Sublett JW, et al. Comparison of systemic reactions in rush, cluster, and standard-build aeroallergen immunotherapy. *Ann Allergy Asthma Immunol* 2016; 117:542.
- Stewart GE 2nd, Lockey RF. Systemic reactions from allergen immunotherapy. *J Allergy Clin Immunol* 1992; 90:567.

- Greenberg MA, Kaufman CR, Gonzalez GE, et al. Late and immediate systemic-allergic reactions to inhalant allergen immunotherapy. J Allergy Clin Immunol 1986; 77:865.
- Roy SR, Sigmon JR, Olivier J, et al. Increased frequency of large local reactions among systemic reactors during subcutaneous allergen immunotherapy. Ann Allergy Asthma Immunol 2007; 99:82.
- Cox L, Nelson H, Lockey R, et al. Allergen immunotherapy: a practice parameter third update. J Allergy Clin Immunol 2011; 127:S1.

*I hereby authorize Dr. Pooja Patel and her staff to administer accelerated (cluster) allergy immunotherapy to the patient named below. I have read and agreed to the accelerated (cluster) immunotherapy schedule and the information above. I acknowledge that this procedure has been adequately explained to me and all my questions have been answered.*

FINANCIAL RESPONSIBILITY: I understand that allergy immunotherapy serums are prepared under rigidly controlled conditions by trained medical personnel. I have contacted my insurance company to inquire about allergy immunotherapy serum preparation **(95165)**, accelerated (cluster) immunotherapy **(95180 - billed for number of hours )** and shot administration **(95115 or 95117)** to understand service coverage. Our office prepares your serum vials in a manner to ensure optimal quality, consistency, and safety per practice parameters set forth by the American Academy of Asthma, Allergy, and Immunology (AAAAI™). Our billing practices will reflect these guidelines, which may result in multiple serum preparation invoice submissions based on your insurance coverage. If you elect to discontinue allergy immunotherapy, we will not be able to issue a refund for already prepared serum, but can transfer it to another physician. Please discuss any questions you may have with our biller.

I understand that this consent is in addition to the terms and conditions of the “ ALLERGY IMMUNOTHERAPY (ALLERGY INJECTION THERAPY).”

**1st Immunotherapy on:**

Patient Name:

Date of Birth:

Signature of Patient/ parent/ Legal Guardian: \_\_\_\_\_

Printed Name:

Today's Date:

**For Office Use Only**

I certify that I/ my office staff have counseled this patient and/or legal guardian concerning the information in this consent and that the signee understands the nature, risks, and benefits of the proposed treatment plan and wishes to proceed with therapy

Pooja O. Patel, MD: \_\_\_\_\_ Date: