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SPECIALIZING IN THE EVALUATION
AND MANAGEMENT OF
ALLERGIES AND ASTHMA
IN ADULTS AND CHILDREN

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ALLERGY INJECTION TREATMENT PROCEDURES AND PRECAUTIONS

METHOD OF ADMINISTRATION

Allergy injections are given deep subcutaneously, half-way between the elbow and the shoulder along the outer aspect of the back of the upper arm, or the outside of the mid thigh. They should not be given too shallowly in the skin, nor should they ever be given without first aspirating (drawing back on the syringe plunger after the needle is in the tissue). If blood is seen when aspirating, the needle should be withdrawn before injecting and another area should be used for the injection. The entire contents of each vial should be injected unless the doctor instructs otherwise. If there are 2 vials (such as "LEFT" and "RIGHT"), there should be 2 injections each time unless the doctor instructs otherwise. The vials with the lowest (smallest) numbers should be used first. Numbered vials are always given in sequence.

If there is one vial, it can be taken as a single injection unless an excessive reaction occurs such as local swelling or discomfort. Otherwise, the contents of the vial can be taken as two separate, approximately equal injections.

A disposable 1 cc tuberculin type syringe or allergy treatment syringe with the 1/2 or 5/8 inch, 25, 26 or 27 gauge, regular bevel needle should be used to give the injections.

IMPORTANT PRECAUTIONS

1. The injections should never be administered unless injectable epinephrine 1:1000 is immediately available and there is a reliable person other than the patient to inject it.
2. **OAAC recommends that weekly allergy injections be administered by a medically competent person in a medical facility equipped to treat (possible severe) allergic reactions. This advice encompasses all patients – even doctors, nurses, and other health professionals who are allergy patients.**
3. Permission for administration of allergy shots outside of a medical facility must be requested from your OAAC physician (not just from your primary care physician or other health care provider); please do not proceed without it. Special instructions, prescriptions, and waiver letter signed by you are required before proceeding in all cases. Such therapy is considered if necessary on an individual basis for select patients who are on stable maintenance treatments only. It is not appropriate for many patients or for certain types and phases of treatment.

INJECTION REACTIONS

Allergy injection treatment is intended to decrease a patient's sensitivities so that in time he/she will feel better. Injections should not cause allergy symptoms. Whenever problems occur, please discuss it with your OAAC doctor or staff.

A local reaction to an allergy injection consists of redness, soreness, itching, and/ or swelling at the injection site. **Most allergic individuals can be expected to have some local reaction at times. Some will have moderate local reactions regularly, at least until they have been on treatment for many months.** Should there be an excessive (greater than a quarter or 25 cent piece in diameter and lasting more than 24 hours) local reaction after an injection, an antihistamine (like Benadryl, Claritin or Zyrtec), a cold compress, and topical steroid cream may be used for symptom relief. Your OAAC physician and staff must be notified of the dose number and of the name of the specific vial before more injections are given. A dosage reduction may be indicated.

Systemic (generalized) reactions to allergy injections are rare (0.015 to 0.02% of injections administered at OAAC Clinics). However, if they occur, prompt treatment with Epinephrine and not just an antihistamine like Benadryl is vitally important. It could save your life. In the event of a systemic (generalized) reaction after an allergy injection, there may or may not be marked swelling at the injection site, plus a vague feeling of apprehension and itching of the palms followed by generalized hives, flushing, sneezing, nasal congestion, increased mucus production or throat clearing, difficulty breathing, coughing, or wheezing. **PATIENTS MUST WAIT 20-30 MINUTES AFTER AN INJECTION SO THAT THEY MAY BE OBSERVED FOR SIGNS OF A GENERALIZED REACTION.** This type of reaction requires treatment with Epinephrine and not just an antihistamine like Benadryl. Prompt medical attention is always needed. Certainly, the Clinic must be notified before further allergy injections are given because dosage reduction is mandatory. **Beta blocker drugs may intensify systemic reactions and you must notify your OAAC physician if you are taking one.**