



(405)235-0040

www.oklahomaallergy.com

ALLERGY INJECTION TREATMENT PROCEDURES AND PRECAUTIONS

METHOD OF ADMINISTRATION

Allergy injections are given 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 If blood is seen when aspirating, the needle should be withdrawn before injecting and another area should be used for the injection. If there are 2 vials (such as “LEFT” and “RIGHT”), there should be 2 injections each time shots are given unless the doctor instructs otherwise. Some injections will be given from individual numbered unit dose vials while other will be dispensed from a larger multi-dose vial according to instructions specific for an individual patient.

A disposable 1 cc allergy treatment syringe with the ½ or 5/8 inch, 25, 26 or 27 gauge, regular bevel needle should be used to give the injections.

IMPORTANT PRECAUTIONS

- 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.
- **OAAC requires that 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.**
- Administration of allergy shots outside of an OAAC shot treatment room (for example your physician’s office) must be cleared by your OAAC physician (not just from your primary care physician or other health care provider); please do not proceed without it.

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.

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THE LEADER IN ALLERGY TREATMENT SINCE 1925

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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, Allegra, Zyrtec or Xyzal), 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) anaphylaxis 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. If the shot was given at a location other than an OAAC treatment room your clinic physician must be notified before further allergy injections are given because dosage reduction is mandatory. Your OAAC physician is always notified by staff of systemic reactions which occur at an OAAC treatment room.

Beta blocker drugs may make systemic reactions more difficult to treat and you must notify your OAAC physician if you are taking one.