

Allergy and Immunotherapy Injections

Most patients who receive allergy shots will receive two shots. During the build-up period, the injections should be given weekly (i.e. every 3 days and as far apart as 10 days). These intervals usually do not require any alteration in the dosage schedule. Should the time interval be greater than 10 days, the dosage may be reduced. The allergy extract will be administered subcutaneously on the later aspect of the upper arm. Arms will be alternated with each dose.

Patients are started on a very low concentration of allergy extract and at a small dose. The amount of extract given at each visit is increased until the maximum dose has been reached for that vial. The patient will then move up to a stronger concentration and start over at a small amount of extract, working their way back to the maximum dose again. The vials are color coded with different strengths. Once the maintenance dose of the concentrate vial has been reached the patient is then weaned out until they are on monthly shots. Patients should remain on maintenance for a minimum of 2-3 years. Those patients on venom shots need to be at maintenance for 3 years to receive success.

Patients will be checked prior to each allergy shot for wheezing. The allergy nurse will omit the shots for that day if the patient is wheezing, has chest tightness or fever. The nurse will also ask if there were any problems with the last allergy shot. This is very important to answer as correctly as possible about the allergy shots only. This will determine what dose the patient should receive.

The patient is required to wait in the office for *at least 20 minutes* after receiving the allergy shot.

Most patients tolerate allergy injections without problems; however, reactions can occur. These reactions can be nothing more than localized redness, swelling and itching at the injection site. If the localized reaction is not larger than 2 inches and does not last more than 24 hours, then the scheduled dose is given. Any larger reaction or development of systemic symptoms requires modification of the dosage. Tolerance to the shots may decrease during the patient's problem season calling for an adjustment in the dosage. Patients are encouraged to avoid intentional exposures to allergy triggers on the day of the shots if possible. Do not scratch or vigorously rub injection sites. This could cause a false local reaction. If necessary, gently massage the area.

Local reactions can usually be treated with topical steroids, oral antihistamines and cool compresses. Patients may also be asked to pre-medicate the day before and the day of the allergy shot with antihistamines. A nasal spray antihistamine may also be prescribed 30 minutes to 1 hour prior to allergy shots.



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Systemic and life-threatening reactions require immediate intervention with epinephrine. Most severe reactions will occur within 20 minutes, however, several hours may lapse between the injection and the time a reaction occurs. Symptoms of a reaction would be: generalized itching including palms, scalp or soles of the feet, hay fever symptoms (sneezing, itchy red eyes, drainage), hives, coughing, wheezing, and in severe cases, choking and anaphylactic shock.

Delayed reactions may occur several hours after the shot. Usually they are not as severe as immediate reactions. Patients may benefit from ibuprofen and antihistamines, nebulizer treatments can be beneficial if available.

If you have difficulty determining the severity of a reaction, return immediately to our office. If the office is closed, go to the emergency room or the after-hours clinic.

Office Hours:

Monday – Thursday: 8:15 am – 4:30 pm

Friday: 8:15 am- 12:00 pm

Allergy Shots begin at 8:30 am

The office may close for lunch from 12:00-1:45pm

After-Hours Clinic:

For Reactions or Sickness ONLY – Allergy Shots will NOT be administered

Monday – Thursday: 5:30-8:30 pm

Friday: 1:00- 4:30 pm

Office Phone: 22-247-2211

Terri- ext: 213

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