



NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

TEXAS HEALTH RESOURCES DALLAS

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RUSH IMMUNOTHERAPY INSTRUCTIONS FOR PATIENTS

What is Rush Immunotherapy (RIT)?

- Rush immunotherapy is a method for rapidly desensitizing patients to inhalant allergens. RIT involves giving a person multiple allergy injections over several hours in one day, achieving a near-maintenance dose in a very short amount of time.
- The procedure involves six allergy injections, with incremental increases in dose, are given in a span of 3 hours.
- After RIT, a person comes into the allergist's office once a week for the next several weeks, until they reach the maintenance dose (typically about 3 months). RIT patients are able to reach maintenance dose and achieve benefit from allergy shots much faster.

Some Benefits of Rush Immunotherapy

- More rapid clinical improvement with fewer visits for injections
- Allows the patient to achieve maintenance dose more rapidly
- Allows the patient to reach monthly maintenance injections quicker

Some drawbacks or risks of Rush Immunotherapy

- Anaphylaxis (severe allergic reaction) which we help reduce with a specially designed regimen that you take before the procedure
 - Premedication with corticosteroids and antihistamines has been shown to decrease the incidence of systemic reactions with RIT significantly
 - If there is a systemic reaction, it is treated appropriately and RIT is stopped.
- May not be covered by all insurance companies
- Still requires patient to continue medication during build up phase
- Higher risk of reactions compared to traditional immunotherapy

Reactions to Rush Immunotherapy

- Local reactions (swelling, itching, or tenderness at the injection sites)
- Systemic reaction, which may include:
 - Hives, itchy eyes, nose or throat, runny nose, nasal congestion, sneezing
 - Tightness in chest and or throat, coughing and or wheezing
 - Nausea and vomiting, abdominal cramps
 - Lightheadedness or faintness and sometimes shock

What to do before your visit:

Premedication 2 days prior, 1 day prior and the morning of the procedure (provided in our office):

1. Prednisone 60 mg once a day
2. Histamine (H1) Blocker: Options Clarinex or Xyzal 5 mg once a day
3. Histamine (H2) Blocker: Ranitidine (Zantac) 150 mg twice a day or 300 mg once a day
4. Montelukast (Singulair) 10 mg once a day

Medication Time:

Time recommended	Day 1 – 2 days before Premedication Time	Day 2 – 1 day before Premedication Time	Day 3 – Day of RIT Premedication Time
8:00 AM			

How long will it take:

- The RIT protocol takes 3 hours and then you must be observed for 2 more hours.
- Expect to be in the office for 5-6 hours.

What to bring on the day of the visit:

- Books, activities
- Wear a half sleeve or sleeveless shirt
- Have a light breakfast the morning of the procedure
- We will provide lunch after your last injection and are waiting

What we will do the day of the visit

- Make sure your asthma, if present, is under good control.
- Obtain baseline spirometry - FEV1 \geq 70%.
- No B-blockers, ACEI, or evidence of cardiovascular disease.
- Ensure we have Informed consent in chart.

What happens after RIT:

- For most patients, the final dose received during RIT will be repeated for the first post-RIT injection the week after.
- For patients who experienced a systemic reaction during RIT, the first post-RIT dose will be lowered.
- Following RIT, the regular IT schedule will be followed going forward.
- Generally if you tolerate the whole protocol you will continue on weekly injections for another 6-8 weeks, then we can proceed to every other week shots for 6 weeks, followed by every 3 week shots for 6 weeks then monthly

Your signature obtained on the day of your visit verifies that you completed the pre-medication regimen and are aware of the risks of RIT.

Date: _____

Patient Signature: _____

Patient Name: _____

Contact Phone #: _____

If minor, Name of Legal Guardian: _____

Signature of Legal Guardian: _____

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INFORMED CONSENT FOR RUSH IMMUNOTHERAPY

I (we) request North Texas Allergy & Asthma Associates and/or my primary care doctor to administer the allergy immunotherapy program ("immunotherapy") also known as allergy shots.

I (we) have been informed about the rush immunotherapy (RIT) protocol. RIT is a technique of advancing an allergic patient to maintenance dose of an extract over a shorter time frame than that required in traditional immunotherapy. RIT has a higher incidence (23-38%) of serious allergic reactions compared to conventional immunotherapy. I (we) understand that immunotherapy may result in complications of anaphylaxis and even death. The American Academy of Allergy, Asthma, and Immunology recommends that immunotherapy be given under a physician's supervision.

I agree to take all required pre-medications and follow instructions prior to RIT as directed by my physician.

Furthermore, I (we) understand that it is required for me to wait in the waiting room **AT LEAST 2 HOURS** after the last allergy injection in the RIT protocol. If I (we) leave early, I (we) understand that it is against medical advice and will hold my treating physician and North Texas Allergy & Asthma Associates and their staff free of any liability.

In the event that I (we) receive immunotherapy, I (we) will notify the doctor or staff immediately if I (we) have any allergic reactions to my injections so that proper treatment can be initiated. I (we) understand that any time immunotherapy is given; there is a rare chance of nicking a tiny blood vessel causing a bruise, numbness or pain. If swelling is over a size of a quarter (2 inches) at the site of injection, I (we) will notify the nurse or physician before receiving my next injection.

I (we) understand that as a patient taking immunotherapy, I (we) should not use Beta-Blockers because of the inability to treat an allergic reaction, including hypotension or shock. I (we) also understand that while taking immunotherapy I (we) should not use MAO Inhibitors drugs for depression unless specifically approved by my treating physician at North Texas Allergy & Asthma Associates since such drugs may cause high blood pressure when adrenalin or other prescription medications are administered.

I (we) have been given the opportunity to ask questions about my condition and treatment, alternative forms of treatment, the procedures to be used, and the risks and hazards involved, I (we) believe that I (we) have sufficient information to give this informed consent. I (we) acknowledge that this disclosure and informed consent has been fully explained to me, that I (we) have read it or have had it read to me and I (we) understand its contents.

Date: _____

Patient Signature: _____

Patient Name: _____

Contact Phone #: _____

If minor, Name of Legal Guardian: _____

Signature of Legal Guardian: _____

One Day RUSH IT Protocol

Date:

Patient Name:

DOB:

Physician:

Shot #	Time	Interval (min)	Vial Color	Conc vol : vol	Vol, mL	HR & BP	PF/FEV1	O2 Sat	Reactions/Treatment	Inj #1	Inj #2	Inj #3	Initials
1		0	Green	1 : 1,000	0.05				Initial Temp:				
2		30	Green	1 : 1,000	0.3								
3		60	Blue	1 : 100	0.1								
4		90	Blue	1 : 100	0.3								
5		120	Yellow	1 : 10	0.1								
6		180	Yellow	1 : 10	0.2								
N/A		240	N/A	N/A	N/A								
N/A		300	N/A	N/A	N/A								

Instructions:

Symptoms to ask every patient before next shot: pruritis, hives, SOB, wheezing, lightheadedness, nasal congestion, etc.