publiziert bei: AWMF online
published at: Das Portal der wissenschaftlichen Medizin

AWMF-Register-Nr. 061-004

Health insurance or payer		
Surname and forename of the insured Date of birth		
Health insurance number	Number of the insured	Status
Practice number	Physician number	Date

Practice/stamp:

TREATMENT INFORMATION SHEET: SCIT

Patient information on subcutaneous specific immunotherapy (Desensitization)

Dear patient,

In many cases, the cause of an allergy can be treated by means of repeated injections of the relevant allergens – for example, pollen, house dust mite, wasp or bee venom – responsible for your/your child's disease. This treatment is recommended when adequate allergen avoidance is not possible and drug treatment has proved unsatisfactory. The allergen is injected under the skin of the upper arm at increasing concentrations and volumes until the maximum dose is reached. This type of therapy also has a positive effect on mucosal (like your nasal cavity) hypersensitivity and susceptibility to mucosal infections.
Alternatively, the mode of allergen administration can be varied (instead of an injection under the skin of the upper arm, the allergen can be administered under the tongue, i.e., in tablet form), provided a suitable preparation is available and there are no contraindications to this form of administration in your particular case.
The potential success of this particular type of therapy generally requires a significant level of commitment. Your cooperation is crucial to the success and safety of the treatment!

1. Please provide information on any medications that you/your child use regularly, occasionally or have just begun. This also applies to one time medications that you have used around the time of your immunotherapy injection. A small number of medications can have an unfavorable effect on the therapy.

2. Please attend the appointments arranged for you at your doctor's practice regularly; children under the age of 12 years should be accompanied by a responsible adult (mother, father, etc.). If children aged 12 years or older are to attend desensitization appointments unaccompanied, please provide your written and signed permission as parents for them to do so.

3. Please answer the following questions prior to each new hyposensitization injection:
   - How well did you/your child tolerate the last injection? Did you experience, for example, swelling of the skin or mucosa, cold symptoms, sneezing, skin rash, itching, dizziness, circulation problems, nausea, coughing or shortness of breath?
   - Are you or your child currently suffering from an infection, shortness of breath, a cough or cold symptoms?
   - Have you made any changes to your/your child's medication? It is essential that you inform your doctor about the use of new/additional medications, in particular antihypertensive agents (β-blockers and ACE inhibitors).
   - Have you/your child received any recent vaccinations or do you plan to do so?
   - Have you/your child experienced the onset of a new, previously undiagnosed disease?
   - Have you/your child become pregnant?

4. It is important that you remain in the room designated by your doctor for 30 min following treatment; as mentioned above, children aged under 12 years should be accompanied by an adult. The following side effects may occur: swelling, redness and itching at the injection site occur most commonly; cold symptoms, sneezing, skin rash, shortness of breath as well as circulatory and gastrointestinal symptoms are rare; an allergic shock reaction is extremely rare. If you should experience any of the symptoms mentioned above, or any other unexpected symptoms, please inform a member of staff immediately. These could be treatment side effects requiring immediate medical attention.

© Ärzteverband Deutscher Allergologen e.V. (AeDA)

5. Although side effects very rarely occur more than 30 min after desensitization, this cannot be completely ruled out. Should you experience severe symptoms, such as shortness of breath, skin rash, dizziness, circulatory symptoms, palpitations or nausea/vomiting after you have left the office, contact your doctor immediately or seek medical advice immediately from the nearest doctor or hospital. Side effects of this kind are often triggered by taking a sauna or hot shower, strenuous physical activity and alcoholic beverages. You may occasionally experience severe fatigue, which could impair your fitness to drive.

6. Avoid contact with the substances causing your allergy during the entire period of hyposensitization, in particular immediately before and after your injections! Your doctor will emphasize this.

7. Avoid strenuous physical activity shortly before and for the remainder of the day following injection.

8. Treatment success is likely only if appointments are attended regularly as arranged with your doctor. For this reason, it is important for you to attend appointments as scheduled or to inform your doctor in advance if you are unable to attend an appointment.

9. Please pay careful attention to these instructions to help your treatment be successful and with minimal side effects! The information provided above is not intended as a substitute to reading the product information leaflet and serves only as additional information. Your doctor can provide you with further important information during the patient information and informed consent consultation prior to the start of treatment.

Additional medical notes (e.g., individual risks):

Patient consent to subcutaneous specific immunotherapy

I have read and understood the information on my allergic disease and on the possible treatment options. My doctor has explained the planned subcutaneous immunotherapy as well as alternatives to me and, having had a suitable period of time to consider the options, I consent to undergo this form of treatment using the preparations selected. My questions relating to this treatment have been answered. My doctor has informed me of the possibility of side effects and I am aware that it is not possible to predict treatment success with certainty. Should side effects occur, I will contact my doctor. For further information, I can refer to the product information leaflet. In addition, my doctor continues to remain available to me as my person of contact.

I confirm that I have no further questions.

DATE SIGNATURE (patient or legal guardian*)

DATE SIGNATURE (doctor)

In cases where parents have joint custody but only one parent signs, he/she confirms with his/her signature that the other parent gives their consent, or that they, the signatory, have sole custody.

© Ärzteverband Deutscher Allergologen e.V. (AeDA)

Versions-Nummer: **5.0**
version number:

Erstveröffentlichung: **12/2000**
Initial release:

Überarbeitung von: **06/2022**
Revision of:

Nächste Überprüfung geplant: **06/2027**
Review planned:

The AMWF records and publishes the guidelines of the professional associations with the greatest possible care - yet the AWMF can not assueme any responsibility for the accuracy of the content. **Espacially dosage information of the manufacturer must always be considered!**

Die AWMF erfasst und publiziert die Leitlinien der Fachgesellschaften mit größtmöglicher Sorgfalt - dennoch kann die AWMF für die Richtigkeit des Inhalts keine Verantwortung übernehmen. **Insbesondere bei Dosierungsangaben sind stets die Angaben der Hersteller zu beachten!**

autorisiert für die elektronsiche Publikation / authorized for electronic publication: AWMF