



Patient Information - Symptoms of Allergy Reactions

You should be aware of possible symptoms after receiving an allergy shot and/or skin testing.

Local Skin reactions:

May occur 20 minutes to 36 hours after a skin test or injection

- ▶ Arm redness and swelling
- ▶ Enlarged skin whealing (testing wheals greater than a half-dollar)
- ▶ Hives

Call our office immediately at **210-468-5426** to speak with one of our nurses or medical providers. If you cannot reach us immediately, you may apply ice to your arm and take Benadryl or as instructed (can cause drowsiness).

Systemic Reactions (anaphylaxis, shock):

Onset usually 15-20 minutes after a skin test or injection, but can occur up to 2 hours later

- ▶ Difficulty breathing, shortness of breath, wheezing or high-pitched breathing sounds
- ▶ Feeling of the throat closing
- ▶ Persistent coughing
- ▶ Tongue and lip swelling
- ▶ Hives/generalized itching
- ▶ Anxiety, confusion
- ▶ Heart palpitations and chest pain
- ▶ Skin flushing and warmth
- ▶ Nausea and/or vomiting

If these symptoms occur after you leave the office, please go to your nearest Emergency Room or call 911.

You must wait at least 20-30 minutes in the office after receiving an allergy shot to monitor for any signs and symptoms of shock. We are sorry for any inconvenience, but absolutely NO exceptions. A medical provider must check you before you leave. This is for your safety.

If you are receiving allergy shots, you will be given instructions and a prescription for an Epi-pen (adrenalin) to use in these emergency situations. You should also have Benadryl with you and at home in case of a reaction. Please remember that Benadryl can cause drowsiness.

Call our office immediately if you have any questions. Do NOT exercise the day of testing and/or allergy shots since this can increase the risk of these reactions.

Acknowledgement of
Symptoms of Allergy Reaction Patient Information Sheet

I, _____ (print name/DOB), have received a Symptoms of Allergy Reactions Patient Information Sheet from my doctor prior to my Allergy Testing.

I have been given a chance to ask whatever questions I had regarding the **Symptoms of Allergy Reactions Patient Information Sheet** and my questions have been answered to my satisfaction.

Patient /Guardian Signature: _____ Date: ____ / ____ / ____