

## Guidelines for safe allergen injection

Allergen injection therapy for desensitisation is a safe procedure, provided certain precautions are adhered to. Serious complications are rare, and the majority have arisen in situations where appropriate guidelines were not adhered to. The following recommendations are suggested as a minimum standard of care.

- Facilities for the treatment of allergy and anaphylaxis following injection must be available. At a minimum:
  - Adrenalin for intramuscular injection
  - Antihistamine for injection
  - Oral antihistamine such as loratidine, including a syrup formulation for children
  - Salbutamol MA and spacer
  - Salbutamol solution and nebuliser mask
  - Oxygen
  - Oral airway and respirator bag and mask
- The patient must be observed for a minimum of 30 minutes following injection before being released from the surgery / practice.
- The injection schedule of incremental doses must be adhered to.
- If the patient misses a week during the induction (weekly) injection phase:
  - Give 50% of the most recent dose, observe for 20 minutes, if no reaction, give the remaining 50% and observe for at least 30 minutes.
  - If the patient misses more than a week during the induction phase, telephone the prescriber to discuss.
- If the patient misses more than 2 weeks but less than 4 weeks during the maintenance phase, administer the maintenance dose in 2 boluses, as above.
  - If the patient misses 4 or more weeks in this phase, please telephone the prescriber to discuss.
- If the patient has asthma, the FEV1 or PEFr should be measured prior to injection. If values of 80% or less of normal for the individual are achieved, the desensitisation should be deferred for a week whilst asthma control is improved.
- Any patient with asthma (even mild), should be treated with regular inhaled steroids during the induction phase of desensitisation, as desensitisation can induce severe asthma.
- Concurrent treatment with beta-blockers is a relative contra-indication to desensitisation. Beta-blockade makes resuscitation from anaphylaxis more difficult, and increases the risk of death during anaphylaxis. If anaphylaxis occurs in a beta-blocked patient with inadequate response to adrenalin, glucagon should be administered if available.

### Suggested further reading:

Allergen immunotherapy: A practice parameter. James T Li; Richard F Lockey; et al *Annals of Allergy, Asthma, and Immunology*; Jan 2003; 90