

Informed Consent Form for Patient on Beta-Blocker & Environmental/Venom Immunotherapy

I acknowledge that [___ I am/my child is] presently taking a beta-blocker medication. Beta-blockers are used to treat high blood pressure, arrhythmias (abnormal heartbeats), glaucoma (elevated eye pressure), migraines, tremors, panic attacks, and thyroid disease. They **may increase the chance that a systemic reaction to immunotherapy is more difficult to treat.**

I have discussed with my prescribing physician of the beta-blocker about alternative medications. However, if no alternative is available, *for some, the benefits of immunotherapy (i.e. improved quality of life, reduced allergy symptoms) may outweigh the possible risks while on a beta-blocker.* According to the Practice Parameters on Anaphylaxis (2015) written by an expert panel of allergists, the *benefits* of venom immunotherapy clearly *outweigh* the potential risks associated with beta-blockers in those patients with anaphylaxis to stinging insects.

EXAMPLES

Beta-Adrenergic Blockers

- acebutolol hydrochloride (*Sectral*)
- atenolol (*Tenormin*)
- betaxolol hydrochloride (*Kerlone*)
- bisoprolol fumarate (*Zebeta, Ziac*)
- esmolol hydrochloride (*Brevibloc*)
- metoprolol (*Lopressor, Toprol XL*)
- penbutolol sulfate (*Levadol*)
- nadolol (*Corgard*)
- nebivolol (*Bystolic*)
- propranolol (*Inderal, InnoPran*)
- timolol maleate (*Biocadren*)
- sotalol hydrochloride (*Betapace, Sorine*)

Alpha/Beta-Adrenergic Blockers

- carvedilol (*Coreg*)
- labetalol (*Trandate, Normodyne*)

Combination Products

- *Corzide* (nadolol)
- *Dutoprol* (metoprolol)
- *Inderide* (propranolol)
- *Lopressor* (metoprolol)
- *Tenoretic* (atenolol)
- *Timolide* (timolol)
- *Ziac* (bisoprolol)

Eye Drops

- betaxolol (*Betoptic*)
- carteolol (*Octupress*)
- levobunolol (*Betagan*)
- metipranolol (*OptiPranolo*)
- timolol (*Betimol, Timoptic*)

I have read and understand that beta-blockers may increase the risk for a systemic reaction to allergy immunotherapy which may be more resistant to treatment. My physician who prescribed my current beta-blocker and I have discussed, and there are no acceptable alternatives to my current beta-blocker. I have had sufficient opportunity to discuss my condition with my allergist and have had my questions answered to my satisfaction. I understand the risks and wish to continue with immunotherapy.

Printed Name of Patient

Date of Birth

Responsible Party/Guarantor Printed Name

Relationship to Patient

Patient/Responsible Party/Guarantor Signature

Date

Healthcare Provider's Signature

Date