

Informed Consent Form for Patient on ACE Inhibitor & Venom Immunotherapy

I acknowledge that [___ I am/my child is] presently taking an ACE inhibitor medication. ACE inhibitors are commonly used to treat high blood pressure, congestive heart failure, and provide kidney benefits in certain diseases. These medications **may increase the chance of a systemic reaction to venom immunotherapy, as well as possibly increase the chance that such a reaction is more difficult to treat.**

I have discussed with my prescribing physician of the ACE inhibitor about alternative medications. 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 ACE inhibitors in those patients with anaphylaxis to stinging insects.

<u>EXAMPLES</u>	Combination Products
ACE inhibitors <ul style="list-style-type: none">• benazepril (<i>Lotensin, Lotensin Hct</i>)• captopril (<i>Capotec</i>)• enalapril (<i>Vasotec</i>)• fosinopril (<i>Monopril</i>)• lisinopril (<i>Prinivil, Zestril</i>)• moexipril (<i>Univasc</i>)• perindopril (<i>Aceon</i>)• quinapril (<i>Accupril</i>)• ramipril (<i>Altace</i>)•trandolapril (<i>Mavik</i>)	<ul style="list-style-type: none">• <i>Accuretic</i> (quinapril)• <i>Amblobenz</i> (benazepril)• <i>Capozide</i> (captopril)• <i>Lexxel</i> (enalapril)• <i>Lotensin</i> (benazepril)• <i>Lotrel</i> (benazepril)• <i>Monopril</i> (fosinopril)• <i>Prestalia</i> (perindopril)• <i>Prinzide</i> (lisinopril)• <i>Quinaretic</i> (quinapril)• <i>Uniretic</i> (moexipril)• <i>Tarka</i> (trandolapril)• <i>Vaseretic</i> (enalapril)• <i>Zestoretic</i> (lisinopril)

I have read and understand that ACE inhibitors may increase the risk for a systemic reaction to venom immunotherapy which may be more resistant to treatment. My physician who prescribed my current ACE inhibitor and I have discussed, and there are no acceptable alternatives to my current ACE inhibitor. 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