

Student Health Services

UAB Student Health Services Allergy Injection Guideline and Patient Agreement

Information and instructions for the continuation of immunotherapy at UAB Student Health Services (SHS.)

UAB SHS administers allergy immunotherapy as a service to our students. We do not provide allergy testing, mixing of extract(s), or immunotherapy education and instruction. The first shot from your extract **MUST** be performed by your allergist (or if you receive venom immunotherapy, you must already be on a maintenance dose.) SHS will store your extract(s) in a temperature-monitored refrigerator, administer your allergy shot under a physician's supervision, and provide emergency treatment in case of a reaction to your allergy shots.

Prior to receiving allergy injections at SHS, patients must be established with a SHS clinician, to review your medical history and medications. We require orders to be signed by your allergist and submitted to SHS by fax or mail. We may need to contact your allergist to clarify/adjust dosages or to request necessary information.

Written Instructions/Flow Sheets from the allergist **must** contain the following:

- Date, dosage, and reaction to last injection.
- Patient name and DOB.
- Documented proof that the patient has received the very first injection from the vial at the allergist's office (or are at maintenance dose for venom.)
- Dosage schedule.
- Frequency of injections.
- Adjustment of dose for local reaction.
- Management of local reactions
- Adjustment of dose for missed or late injections.
- Allergist's office address, telephone number, and fax number.
- **Signature of physician.**

ALLERGEN EXTRACT VIALS must be labelled with the following:

- Patient's full name and DOB.
- Contents of each vial.
- Strength of each vial.
- Expiration date of each vial.

Before receiving allergy shots at SHS, we require your allergist to provide the requested information and to sign the UAB SHS "Allergy Injection Protocol and Specialist Consent" form. Please check with your Allergist to ensure that our request for information was received.

FEES

There is a fee for each allergy visit which is billed to your insurance.

Allergy Clinic Hours:

- Clinic Hours: Monday-Thursday: 8am-5pm. Friday: 9am-5pm. Closed 12pm-1pm daily.
- The posted hours may occasionally change due to staffing, demand for services, or other reasons. Reasonable attempts to accommodate students who require their allergy shot(s) due to time factors or the need to pick up or drop off extracts will be made.

Appointment Procedure

- You may schedule by telephone at 934-3580, by sending a portal message to the nursing staff, or in person at SHS.
- You may schedule individual appointments or appointments for the entire semester.
- Please allow 45 minutes for your appointment.
- You will check-in at the front desk and will answer a pre-visit questionnaire for any changes to your health at each appointment.
- **All patients are required to wait at SHS for a minimum of 30 minutes** after injections and to check out with the allergy nurse prior to leaving the clinic. The nurse will inspect the injection site(s) and record any local reaction. If you have a history of adverse reactions, you may be asked to wait longer.
- Please schedule your appointments to avoid strenuous activity or the use of alcohol just before and for 2 hours following an injection. Strenuous activity causes increased blood flow which may result in more rapid allergy antigen absorption and potentially lead to a reaction.
- Do not interrupt your allergy injection schedule for minor illnesses or use of anti-allergic medications. Please call the allergy nurse at 205-996-4440 if you have any questions about whether you should receive your injection.
- An annual visit with an SHS Provider is required to continue allergy immunotherapy injections at SHS.

Allergy Shot Reactions

- Minor reactions, such as itching, redness, or swelling at the injection site are common. Make sure to report any reaction to the allergy nurse. The allergy nurse will follow your allergist's guidelines for dosage adjustments.
- **SHS requires that you have an "Epi-Pen" (any branded or generic epinephrine auto-injector) and have it with you on the day you receive allergy injections.** Please inform the allergy nurse if you do not have an Epi-Pen and we will provide you with a prescription and education for its use. We will **NOT** give your injection if you do not have your Epi-Pen with you at your appointment.
- **In the event of a systemic reaction while at SHS, we will follow our standard anaphylaxis reaction protocol.**
- **If you experience a severe (Systemic) reaction after leaving SHS:**
 - **Use your Epi-Pen immediately**
 - **Call 911 or go to the nearest Emergency Room.**

If you have a history of a severe systemic reaction to your injections, SHS will not be able to provide your allergy immunotherapy. We will help facilitate your continued allergy care at one of the local allergy specialist's offices.

Absence from Campus

- If your schedule requires an injection when you are away from campus, please follow these instructions:
 - Notify the allergy nurse that you will be away from campus and you will need to pick up your allergy extract(s) and instructions. You will need to make arrangements to keep the extract refrigerated. **Do Not freeze extracts.**
 - When you return to campus, bring your refrigerated extract and updated instructions. This should include injection dates, dosages, and signature of the physician or nurse who administered the injections.

Student Health Services reserves the right to decline to administer allergy immunotherapy to any student who has a perceived higher than average risk for a severe/systemic reaction to injection therapy or who does not abide by SHS instructions/ requirements for receiving immunotherapy. Reasons for declination include, but are not limited to: Beta-blocker therapy, uncontrolled asthma, prior severe/systemic reaction, chronic lateness for injections, refusal to remain at SHS for 30 minutes following allergy shots, and for leaving SHS during the 30 minute wait time.

“I have read and received a copy of the “UAB SHS Allergy Injection Guideline and Patient Consent”, reviewed the information with a nurse or other healthcare provider, and have had a chance to ask questions and have had them answered to my satisfaction. I attest that I understand the instructions and guidelines for receiving allergy immunotherapy at SHS. I chose to abide by the instructions and guidelines in order to receive allergy immunotherapy at SHS and understand that there may be consequences if I do not.”

Patient's Name_____

DOB_____

Patient's Signature_____

Date_____

Witness Signature_____

Date_____