

Knowledge that will change your world

UAB SHW Allergy Injection Guideline

Information and instructions for the continuation of immunotherapy at UAB SHW.

UAB SHW 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. SHW 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 SHW, patients must be established with a SHW clinician, to review your medical history and medications. We require orders to be signed by your allergist and submitted to SHW by fax or mail. We **DO NOT** accept verbal orders for dosage adjustments. We may need to contact your allergist to clarify 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.
- 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 SHW, we require your allergist to provide the requested information and to sign the UAB SHW "Allergy Injection Protocol and Consent" form. Please check with your Allergist to ensure that our request for information was received.

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FEES

There is a fee for each allergy visit in the form of an “allergy extract administration fee”. This fee can be paid in cash, check, or charge. We do not bill this to your insurance but a receipt will be provided to you and may be turned in to your insurance for reimbursement.

Allergy Clinic Hours:

- By appointment only either by telephone or made in-person.
- Tuesday, Wednesday, Thursday: 8:15-11:00 a.m., 1:15-4:00 p.m.
- 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 934-3581, or in person at SHW.
- You may schedule individual appointments or appointments for the entire semester.
- Please allow 45 minutes for your appointment.
- You may check-in at the Self-Check-In Kiosk, or will need to stop at the front desk if this is your first appointment or in you have had a change in your insurance information.
- **All patients are required to wait at SHW 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.

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.
- **SHW requires that you have an “Epi-Pen” 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 SHW, we will follow our standard anaphylaxis reaction protocol.**

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- If you experience a severe (Systemic) reaction after leaving SHW:
 - 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, SHW 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 & Wellness 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 SHW 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 SHW for 30 minutes following allergy shots, and for leaving SHW during the 30 minute wait time.

"I have read and received a copy of the "UAB SHW Allergy Injection Guideline", 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 SHW. I chose to abide by the instructions and guidelines in order to receive allergy immunotherapy at SHW and understand that there may be consequences if I do not."

Patient's Name _____

DOB _____

Patient's Signature _____

Date _____

Witness Signature _____

Date _____