

Knowledge that will change your world

UAB Student Health & Wellness (SHW) Allergy Injection Protocol and Consent

Prior to receiving allergy injections at SHW, patients must be established with a SHW provider, to review their medical history and medications. Orders signed by their allergist are required and can be submitted to SHW by fax or mail. Verbal orders for dosage adjustments cannot be accepted. There may be need to contact the student's allergist to clarify dosages or to request additional 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.

Diagnosis Code:

- **477.0** Grain, grass (pollen), hay fever, primrose, primula, ragweed, rose, tree
- **477.8** Airborne substance: cause specified (Animal dander/hair/epidermal, dandruff, dust (house/stock), feathers, specified allergen other than pollen, kapok)
- **477.9** Airborne substances: cause unspecified
- **493.00** Asthma
- **493.90** Reactive airway disease
- **Other** _____

Your signature below confirms that you have granted permission for your patient to have allergy injections administered at UAB Student Health & Wellness by a registered nurse. A physician is on-site at all times. A standard anaphylaxis treatment protocol will be followed in the event of a severe systemic reaction.

Print Allergist's Name: _____

Allergist's Signature (**Required**): _____ Date: _____

Address: _____

Phone: _____ Fax: _____

University of Alabama at Birmingham Student Health & Wellness

3rd Floor LRC

1714 9th Avenue South

Birmingham, AL 35294

Immunization/Allergy Clinic: Phone (205) 996-4440 Fax (205) 996-0148