

Allergy Injection Policy:

September 20, 2006

The Student Health Clinic will administer allergy injections to Union students with the following provisions on file:

- 1- Written orders from your allergist who has provided the appropriate serum.
- 2- Your signature on the allergy injection policy form.

There is always a possibility of an adverse reaction to an allergy shot. For your safety, our allergy shot protocol requires:

- 1- A physician must be present in the SHC. The university physician will review your treatment plan prior to the first injection.
- 2- You must wait in the SHC 20 minutes after receiving an injection.
- 3- Before leaving, you must be checked by a nurse for signs of a reaction.
- 4- The injection site must not be rubbed or scratched. If itching occurs, apply ice.
- 5- Avoid vigorous exercise (jogging, gym workouts, etc.) one hour before and after injections.
- 6- Immediately report any problems/reactions from an allergy injection to the SHC.

Patient responsibilities are as follows:

- 1- Having current orders from your allergist stating that these injections may be given at Union, dose, schedule, and protocol for missed or late injections. It is the student's responsibility to ensure that prescribed serum is provided to the clinic staff.
- 2- Adhering to the injection schedule prescribed by your allergist
- 3- Arranging to receive scheduled injections during semester breaks and summer break when the SHC is closed
- 4- Obtaining refill serum(s) as needed
- 5- Picking up remaining serum(s) when leaving the University for semester breaks, withdrawal or graduation. Any remaining serum will be discarded each May after graduation.

Allergy injection appointment requirements:

- 1- Appointments must be made at least 24 hours in advance
- 2- If more than 5 minutes late for the scheduled appointment, you may be asked to wait or reschedule
- 3- Missing three (3) scheduled appointments results in revocation of allergy clinic privileges and referral to an off-campus medical provider. **NO EXCEPTIONS.**

Student Signature _____ Date _____