Patient Guidelines and Consent to Receive Treatment: Allergy Injections

Immunotherapy is a preventive treatment for allergic reactions to substances such as grass pollens, house dust mites and bee venom. Immunotherapy involves giving gradually increasing doses of the substance, or allergen, to which the person is allergic.

The injection of an allergen (a substance to which a person is allergic) is a serious matter. Although rare, severe reactions, even death, may occur.

Because of this, the Health Care Clinic (HCC) adheres to strict guidelines regarding allergy injections and so must you, the patient.

In order for you to receive allergy injections at the HCC, the medical provider must agree to allow you to receive the injections at the clinic. After the HCC provider agrees to administration of allergy injections at the HCC, you must comply with the following guidelines. Since allergy injections are provided as a service to students, the HCC reserves the right to discontinue administration of injections to students who fail to comply with the guidelines. Please sign your initials next to each guideline to indicate you have read, understood, and agree to comply with the guideline.

___ I understand that the medical provider will assess my medical history, current medications and treatments, and allergies. The medical provider will evaluate and review all information and decide if I can receive my allergy shots at the HCC.

___ I understand that if the medical provider does not agree to allow me to receive my allergy shots at the HCC, it is my responsibility to seek further assistance from an allergist or other medical provider who might be willing to assume my care.

___ I understand the providers and nurses at the HCC are not allergists. I must continue to see my allergist for regular follow-ups and for treatment plans.

___ I will provide my allergist’s orders and administration schedule.

___ I will adhere to the allergy shot schedule set forth by my allergist.

___ I understand the HCC reserves the right to discontinue administration of injections to patients who fail to comply with their prescribed schedule, or who fail to notify HCC of changes in their schedule.

___ I have already received my first allergy injection at my allergist’s office, and I did not experience any problems.

___ I will continue to receive the first injection from each new vial at my allergist’s office.

___ It is my responsibility to provide the serum for my allergy injections. The injections will be stored at the HCC.

___ I understand I must take my allergy serum home during holidays, summer time, and between semesters.
I understand it is my responsibility to reorder my serum.

I understand my allergy injection serum must be kept refrigerated.

I understand that the HCC will not administer serum which has been left unrefrigerated.

I release the HCC from responsibility for the replacement of serum that is lost or damaged. I understand that if my serum is lost or damaged, it is my responsibility to have it replaced.

I understand a nurse (LVN) will administer the allergy shot; however, I understand a doctor must be present in order for my allergy shots to be given at the HCC. If the doctor is not available or is out of the office, then I understand I must make alternate arrangements to receive my allergy shot. It is my responsibility to find out if the doctor will be present on the day I will need to receive my allergy shot.

I understand that my allergy shot can be given between 8:30 am and 11:00 am or between 1:00 pm and 4:00 pm Monday through Friday if the appropriate medical staff is available.

I understand I must wait twenty minutes in the HCC or in the Student Health and Wellness (SHW) lobby after my injection in order to monitor for reactions. After twenty minutes, I will see the nurse again for reevaluation.

I understand I must immediately report any problems/reactions from an allergy injection to the HCC nurses.

I understand that if I have a serious reaction, including but not limited to chest pain, shortness of breath, severe itching, or swelling, to my allergy shot, EMS (an ambulance) will be called so that I can be transported to the emergency room. NO EXCEPTIONS WILL BE MADE. I understand I am responsible for the cost of the ambulance and for the cost of the emergency room visit.

I understand that if I have any type of reaction to my allergy shot, I can no longer receive my allergy shot at the HCC and I will have to resume care at my allergist’s office.

I understand that if I have or develop asthma, I may not be able to receive my allergy shots at the HCC.

I understand that if I take or start taking a beta-blocker medication or an ace inhibitor medication, I can no longer receive my allergy shots at the HCC.

I understand I must avoid vigorous exercise (jogging, gym workouts, etc.) and the use of alcohol one hour before and two hours after injections.

I agree that I have read my allergist’s directions to the HCC and agree to comply with their directions.

I understand that the HCC reserves the right to discontinue administration of injections to patients who fail to comply with any of the above guidelines.

I understand that the HCC reserves the right to decline administration of injections to patients who do not wish to consent to the above guidelines.
I have read and understood the guidelines for receiving my allergy shots at the HCC. I wish to receive my allergy shots at the HCC and I agree to comply with the guidelines. I understand the risks, possible complications, and the important role I have in my treatment. I release and hold harmless, Texas A&M University-Kingsville, its nurses, physician, medical providers, and other persons employed or associated with the University from liability due to the product administration, or use of any vaccines, biologicals, or allergens supplied to me legally by my own physician (my allergist), but administered at TAMUK by authorized health personnel.

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*Created: January 2016*