

## Butler University Health Services

### Allergy Injection(s) Consent / Policy Form

#### Allergy Injection(s)

Butler University Health Services will administer allergy shots to students who have the:

- Required Information for the Administration of Allergen Immunotherapy Form, from their doctor
- A signed consent form
- Serum with instructions
- Completed Health Record on file.

Students are seen for allergy injections only by appointment. Please see our policy regarding allergy shots below. If you do not wish to utilize our services for your allergy shots, there are private allergists in the Indianapolis area who will administer allergy serum.

1. The student/patient is responsible for providing the allergy serum.
2. Allergy serum must be accompanied by explicit directions for administration, late instructions, date of last injections, and a list of allergens in each bottle.
3. Each vial is to be labeled with the patient's name and an expiration date.
4. The above criteria must be met prior to administration of allergy serum by our health services medical staff.
5. If you are so late for your shot that your allergist's written instructions do not apply to the situation, it is **your responsibility** to call your allergist's office and ask them to fax us instructions.
6. Injections are administered by a nurse. Disposable syringes and needles are provided.
7. You must report to the nurse any current illness or any prescription or non-prescription medications you are currently taking prior to receipt of an injection.
8. All reactions must be reported to the nurse before you receive your next injection. Local reactions consist of swelling and itching at the injection site. Please measure the size of the swelling (not the area of redness) and record the length of time the swelling lasts.
9. After the injection, the student must wait at least 20 minutes. If your allergist's instructions call for a longer wait then you must follow those instructions. The injection site must be checked by a nurse before the student leaves health services. Inform the nurse immediately if you are having any itching, hives, coughing, sneezing, tightness in the chest or throat, wheezing, or difficulty breathing. If you have any of these symptoms after your departure **call 911(cell) or (317) 940-9999 (campus phone)**
10. **WARNING:** Individuals who are using a class of medication called a beta blocker probably should not be on allergy injections. Examples of these drugs include **Inderal, Lopressor, Tenormin and Corgard**, as well as others. Please let us know if you are taking any of these medications.
11. Students are responsible for taking their solution and instructions with them if they will need an injection while away from Butler University.
12. Health Services provides storage for allergy serum. Reasonable care is taken to insure their safety. Refrigeration temperatures are monitored daily and if the temperature is out of range, it is addressed promptly and vaccines are moved to a different storage

location, however, power outages or other malfunctions may cause temperatures to reach levels which may cause damage to the vaccine.

13. Please be advised that Health Services will not assume financial responsibility for damage caused by such unforeseeable occurrences. In the event of probable damage to your serum, you will be notified to obtain fresh serum from your providing physician.
14. If you discontinue the treatment or fail to appear for treatment for a period of ninety days, your vial will be discarded.
15. Butler University Health Services prohibits storage of expired medications. Therefore, unclaimed allergy extracts will be destroyed on the last day of the month during which they expire.

**Insurance:**

**Required:**

For those that have **Tricare, a HMO or POS** health insurance, a referral with a referral number will be required in order to give in injections.

Please have this referral cover Butler University Health Services for the academic year of 2010/2010. (August 16<sup>th</sup>, 2010 through May 5<sup>th</sup>, 2011)

**INFORMED CONSENT FOR ADMINISTRATION OF ALLERGEN IMMUNOTHERAPY**

I have read or have had explained to me the information in the **Allergy Injection Policy**. I have had the opportunity to discuss these instructions and agree to follow them.

\_\_\_\_\_  
Patient's Signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Legal Guardian's Signature (if under 18 yrs.)

\_\_\_\_\_  
Date

Please check [www.butler.edu/healthservices](http://www.butler.edu/healthservices) for allergy shot hours.

\*\* Hours subject to change

