

PATIENT ALLERGY SERVICE AGREEMENT

Purdue University Student Health Services
601 Stadium Mall Drive.
West Lafayette, IN 47907

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WELCOME! We appreciate the opportunity to serve your health care needs with our Allergy Services. In order to do so in a manner that maximizes safety and efficiency for you, your physician, and our staff; we are providing you with the following essential information.

Please note our Allergy Service hours at www.purdue.edu/push

I request to receive my allergy injections at the Purdue University Student Health Center (PUSH) and agree to the following:

- I understand that Purdue Student Health will only accept vials shipped from a doctor's office. **NO HAND DELIVERED VIALS WILL BE ACCEPTED.** PUSH will next day ship, Monday-Wednesday, my vials to my allergist upon my request. I understand there is a charge associated with this service. PUSH will notify me by secure message when it has arrived at the PUSH allergy clinic. PUSH cannot accept extracts on Saturdays, Sundays, holidays, or during any PUSH closure.
- **Allergy injections are by appointment only.** Call 765-494-1700 to schedule your appointment. Please call to arrange the first appointment; thereafter, appointments can be made online. We suggest making multiple appointments as appointment slots get filled quickly during the semester. **Please plan a minimum of one hour** for each appointment to allow for assessment, preparation and administration of shots and wait time.
- Initial immunotherapy injections should be administered at the prescribing allergist's office, cluster immunotherapy will not be administered at PUSH.
- Allergy injection instructions from your allergist must be current and clear. Allergy injections will be administered according to the order of the prescribing allergist. Any deviation from the written schedule must be obtained from the ordering allergist. PUSH will take verbal orders for a present appointment but will require your allergist to complete written orders for verification, for your safety.
- Serum must be labeled with the patient name, date of birth, contents of vial, strength and expiration date.
- It is important to keep to your schedule, as the risk of reaction to the allergy shot increases with deviations from the schedule. If you need to cancel or miss your appointment, please call 765-494-1700 to reschedule. Consistently missed appointments may require that you re-visit your allergist before injections are resumed at PUSH. I understand that if I fail to appear for injections for more than 90 days, the vials will be placed on hold and either returned to my allergist at my cost or discarded. Your office will be notified regarding patient failure to show. Expired extract will be discarded.
- **If your allergist advises or requires that you be pretreated with an antihistamine, it is your responsibility to follow those instructions. Please inform the nurse prior to your allergy injections that you have taken your antihistamine. I understand that if I have not taken my antihistamine, I will be required to reschedule my appointment.**
- **If your allergist requires a peak flow assessment prior to your injections, please bring your own peak flow monitor.**

Things to know before getting an allergy injection at PUSH:

- Exercise may stimulate increased blood flow to the tissues and promote faster release of the antigens into the bloodstream. We advise that you not exercise vigorously for two hours before or after your allergy injection.

- At every allergy injection visit, please report any reaction to the preceding allergy injection before the next injection is given. It is most helpful to have any reaction reported to the nurse prior to the next scheduled allergy appointment. Please call PUSH to report any reactions so appropriate dosing can be made before your next scheduled appointment.
- **You may not get allergy shots if you have received or are scheduled to receive any kind of immunization within 24 hours.**
- I agree to notify PUSH medical staff if I start any new prescription medication, particularly medication for high blood pressure, migraine headache, or glaucoma. "Beta blocker" medications, often prescribed for heart disease or high blood pressure, are usually not allowed while on immunotherapy.
- If I become pregnant while on immunotherapy, I will notify PUSH medical staff immediately so they can obtain and determine an appropriately revised dosage schedule from my referring allergist for the injections during pregnancy.
- Outdated antigens will not be administered.

AFTER YOUR ALLERGY INJECTION AT PUSH:

- It is mandatory that you wait a minimum of 30 minutes following your injection so that the nurse can check you for swelling/hives/local reaction or systemic reactions. **NO EXCEPTIONS.** If you leave prior to 30 minutes, we reserve the right to discontinue your allergy injections at PUSH.

POSSIBLE REACTIONS TO ALLERGY INJECTIONS

- Local reactions: a local reaction consists of swelling and itching at or near the site of the injection. Avoid rubbing or scratching the area. If later in the day you develop swelling at the site, you may apply ice. All local reactions should be reported to the nurse so that the dose of the next allergy medication can be adjusted, if indicated.
- Systemic reactions include:
 - Itching of the throat, nose, eyes, palms, or skin
 - Hives
 - Runny nose
 - Coughing or wheezing
 - Chest tightness
 - Dizziness or weakness

Most severe reactions occur shortly after the injection. This is why you must wait in the office for at least 30 minutes after each injection. If you notice any of these symptoms within the first 30 minutes, report to the allergy desk at once. If a reaction occurs at PUSH, you will be evaluated by our medical staff.

If symptoms occur outside of PUSH, call 911 and/or follow your allergist treatment plan. Please notify PUSH if this occurs.

I have read and understand the above information and agree to abide by these terms in order to receive allergy injections at Purdue Student Health. I understand that if I fail to follow these terms, Purdue Student Health reserves the right to discontinue the administration of my immunotherapy.

Patient Signature

Date

PUSH Staff Signature

Date