

Allergy Injection - Important Information

- A nurse will follow your physician's instructions for administering allergy injections. If the instructions are unclear or if you are late for your injection, your physician will be contacted. It is your physician's responsibility to explain the risks of receiving allergy injections.
- 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.
- **WARNING:** individuals who are using a class medication called a beta blocker probably should not be on allergy injections. Examples of these drugs include **Inderal, Lopressor, Tenormin and Coreg**, as well as others. Please let us know if you are taking any of these medications.
- You are required to wait 20 minutes after an injection. Nearly all serious reactions begin within 5-20 minutes after the injection is given. 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, you should return to the Campus Health Clinic or report to the nearest hospital emergency room for prompt treatment.
- It is recommended that you do not do any strenuous exercise for one hour before and one hour after an injection.
- 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 swelling (not the area of redness) and record the length of time the swelling lasts.
- Is you discontinue the treatment or fail to appear for treatment for a period of ninety days, your vial will be put on hold, and may be sent back to your doctor or discarded.
- Southeast Campus Health Clinic is not responsible for any damage of allergy serum or vials in the case of a power outage or other natural disaster.
- Failure to comply with immunotherapy schedule will delay or even prevent you from achieving therapeutic effect of immunotherapy. Again—these requirements are for your safety.

**INFORMED CONSENT FOR ADMINISTRATION OF ALLERGEN IMMUNOTHERAPY**

I have read or have had explained to me the information in the above **Allergy Injection- Important Information** section. I have had the opportunity to discuss these instructions and agree to follow them.

Patient Signature

Date

Parent/Legal Guardian Signature (if patient is under 18 years old)

Date