



STAMPS HEALTH SERVICES

Allergy Injection Information

Phone: (404) 385-4995 Fax: (404) 894-6254 Website: www.health.gatech.edu

Hours of Operation: Monday, Tuesday, Wednesday, & Friday 8-3

Thursdays: 9-3

1. All students requesting allergy injection administration from Stamps Health Services must be under the care of an Atlanta based Board Certified Allergist. There are no exceptions to this requirement. You may find a list of Allergists close to the campus on our website at www.health.gatech.edu. Please select "Services" and then select "Allergy Injections".
2. The Student Health Fee included in your tuition covers most services you receive at Stamps Health Services (SHS). There is an additional allergy injection semester fee of \$100 per semester with a reduced fee of \$70 for the summer. This allows you to receive allergy injections as often as you need them for the duration of the semester. ***You will be charged the semester fee at your first allergy appointment.***
3. All paperwork must be completed and submitted before injections will be given, including a copy of the Agreement Letter that has been signed by your Atlanta based allergist. All orders will be reviewed by one of the allergy nurses and you will be notified by phone or secure patient message if you need to collect additional or corrected information.
4. If you are beginning allergy injections for the first time, you must receive a minimum of 3 injections at your allergist's office with no reactions prior to having allergy injection administration at SHS.
5. Please make an appointment each time you come for an allergy injection. Make your appointment at the front desk, by phone or online at www.health.gatech.edu and be sure to select the Immunization and Allergy Department appointment option to make your online appointment. Allergy injection appointments may be made for the entire semester. Walk in appointments for allergy injections are discouraged and are not routinely available.
6. Please remember that it is your responsibility to come to your appointments as frequently as your allergist recommends. If allergy injection appointments are frequently missed, you may be asked to discontinue injections at SHS at the discretion of the medical staff. You may be required to return to your referring allergist.
7. Please visit our website at www.health.gatech.edu and carefully read all the information that is included here pertaining to allergy injections and our facility. This will enable you to better understand the process of receiving allergy injections at Stamps Health Services and also explains all of the services offered at your Student Health Center.



STAMPS HEALTH SERVICES

Allergy Injection Consent Form

I, _____ (patient's name) am presently under the medical supervision of Dr. _____ of _____.

I relieve the Board of Regents of the University System of Georgia, Georgia Institute of Technology and all of their respective employees of all responsibility, direct and indirect, of all physical harm including, but not limited to, reaction(s), risk, hazard, and shock, incurred in the administration of allergy injections that have been specifically prepared and furnished to Stamps Health Services by the above named physician, and to be given at prescribed intervals by the nursing staff of Stamps Health Services. I will comply with the instructions of waiting 30 minutes after the injection to have the injection site checked for reaction, and I will seek medical help if I develop an adverse reaction after Stamps Health Services is closed, at a local hospital or health care provider of my choice. I will have an epinephrine injector with me on the days of my allergy injections.

Patient Signature: _____ Date: _____

Patients under 18 years of age require the signature of a parent or legal guardian.

Parent or Legal Guardian Signature: _____ Date: _____

Allergy Injection Services Utilization Policy

Stamps Health Services at Georgia Institute of Technology provides medical care to many students in a limited number of appointments. Due to the high demand for services and a limited number of appointments, please call ahead of time to inform us if you cannot come to your scheduled appointment. If you forget an appointment, please notify us within 24 hours to be considered for future appointments. If you fail to cancel or miss three dosing intervals/appointments in a row, or if you miss a number of non-consecutive dosing intervals/appointments throughout the semester, you may become ineligible for services for the rest of the academic year. In addition to utilizing our time well, regular attendance at your allergy injection appointments is important in order for you to safely progress with your therapy. Also, time scheduled and then not used by one student prevents another student from having that appointment time. In the event that you become ineligible for services, you will need to return to your Atlanta based allergist's office to continue receiving your allergy injections.

I certify that I have read and understood the above SHS Allergy Injection Services Utilization Policy.

Patient Signature: _____ Date: _____

(Expires at the end of the academic year)



Allergy Injection Agreement

In order to receive allergy injections at SHS, you must agree to abide by the following guidelines. By initialing the following statements you are agreeing to follow these guidelines at every appointment.

(Please initial each statement below)

___ I agree to transfer my care for Immunotherapy to an Atlanta based Board Certified Allergist. SHS will only accept orders from your Atlanta based allergist.

___ I will bring my epinephrine injector with me to every appointment for an allergy injection.

___ If my allergist requires, I will take an antihistamine before my injection. If I do not, I will not be able to receive an allergy injection that day.

___ Certain prescription medications for eye problems, headaches and blood pressure problems contain beta-blockers. Beta-blockers can increase the sensitivity to allergens and also potentiate anaphylaxis. I will inform the nurse **BEFORE** receiving any allergy injections if I have started taking any beta-blockers.

___ I will stay in the building for 30 minutes after receiving allergy injections. **There are no exceptions to this policy.** It is my responsibility to tell the nurse if I will not be able to stay for 30 minutes **PRIOR** to receiving injections so my appointment can be rescheduled. *If I leave before 30 minutes have passed, I understand I will not be able to receive future allergy injections at SHS.*

___ I understand that my allergy vials will be stored in the SHS refrigerator, but I am responsible for transporting them to and from SHS according to the policies of my own allergist. It is also my responsibility to order new vials when my vials expire or prior to completing the current vial.

___ I understand that I should avoid exercise 2 hours before and 2 hours after injections, such as jogging, vigorous walking, gym workouts, etc.

___ While waiting to have my injection sites checked, I will notify the nurse if I experience any of the following symptoms: *runny nose *itching *shortness of breath *nasal congestion *wheezing *flushing *facial swelling *pins-and-needles sensation of the skin *sneezing *hives *coughing *anxiety.

Although you may not experience any local reaction within the 30 minutes after the injection, it is possible to react later in the day. If a local reaction occurs:

___ I will take an antihistamine (Claritin, Zyrtec, Allegra, Benadryl, etc.)

___ I will record the time and size of the reaction and how long it lasts and report this to the nurse **BEFORE** receiving my next injections. If the symptoms continue or worsen, I will return to Stamps Health Services or go to the nearest emergency department (Emory Midtown, 550 Peachtree St. NE, Atlanta, GA) or call 911.

I have read and understand ALL the instructions listed above and will fully comply.

Name: _____

GT ID: _____

Signature: _____

Date: _____



Dear Allergist:

Your patient, _____, is a student at Georgia Institute of Technology and is requesting that Stamps Health Services (SHS) at Georgia Tech administer his/her allergy injections while residing on campus. SHS is happy to provide this service to your patient.

It is imperative for you to remember that we provide injections only, and we do not have allergists on staff at our medical facility. Therefore, you will continue to be responsible for the management of this patient's immunotherapy and for the modification of doses during therapy. All questions regarding this patient's immunotherapy treatment will be directed to you.

In order to maximize patient safety and decrease confusion, we require you to provide written, signed, and dated orders for the patient's initial orders as well as any dose adjustments that deviate from the standard adjustments included in your instructions. This may be accomplished through fax or instructions brought to us by your patient.

We will follow our anaphylaxis protocol for treating reactions both local and generalized to ensure appropriate treatment during a potential emergency. If a systemic reaction occurs, after preliminary emergent care, the student will be transported by EMS to a local Atlanta hospital. **If this patient has any systemic reactions to allergy injections at SHS, he/she will be referred back to your office for reevaluation and management.**

Please review and complete this form with your signed and dated orders for this student, and have the student return the forms to Stamps Health Services or fax them to us at 404-894-6254.

By signing this form, I agree to work in conjunction with Stamps Health Services by following the guidelines outlined above to provide allergy injections to the above-named patient. I certify that this patient can safely receive injections outside of my office.

Physician name: _____

Physician Signature: _____ Date: _____

Phone No.: _____ Fax: _____

Location: _____



STAMPS HEALTH SERVICES

Allergy Injection Questionnaire

Name: _____ Today's Date: _____

Birth Date: _____ GT E-mail: _____

GT ID #: _____ Phone Number: _____

1. Why are you receiving allergy shots? Seasonal Allergies Asthma Skin Allergies Other

If other please list: _____

2. How long have you been receiving allergy shots? _____

3. Have you ever required injections of epinephrine after receiving your allergy injections?

Yes No

4. Have you ever been hospitalized or had a visit in an Emergency Department due to a reaction to your allergy

injections? If so, please explain. _____

5. Do you have any allergies to medications? If so, please list.

6. Please list **ALL MEDICATIONS** (to include prescriptions & over-the-counter) that you take. Any beta blocker medication may cause serious reactions to your allergy extracts.

7. Do you have any lung or heart problems? If so, please explain.

8. Does your allergist require you to use a peak flow meter before receiving allergy injections?

Yes _____ No _____

9. Are you required to pre-medicate prior to receiving allergy injections? If so, with what?

No _____ Yes _____ Medication _____