



Longwood University Health Center

106 Midtown Avenue . Farmville VA 23901
office 434.395.2102 fax 434.395.2783



ALLERGY IMMUNOTHERAPY POLICY

Longwood University Health Center (LUHC) will administer allergy injections on the **written order of your private physician** who has provided you with the appropriate serum. We **require** documentation from your physician concerning the dosage, frequency and graduation or increase of your medication as well as guidelines for progression and any specific instructions they would like us to follow.

It is very important not to deviate from the allergy treatment schedule. Deviation increases the risk of complicated reaction to the serum. It is for the patient's safety that appointments are kept. If allergy shot maintenance is behind schedule, the protocol per written order will be followed and/or recommendations will be taken from the prescribing clinic. LUHC reserves the right to require the patient to resume maintenance with the prescribing physician if the maintenance becomes more than 3 weeks behind schedule. Patients with a history of serious reactions should discuss this with a clinician or the LUHC Director before beginning shot routine at the center.

Since there is always a possibility of reaction from allergy injections, you are required to wait in the Health Center for **30 minutes** after receiving every injection. You must check with the clinician prior to leaving. Patients who fail to comply with this procedure may no longer be eligible for allergy injections at the LUHC.

ALLERGY CLINIC GUIDELINES

If you have a fever ($>100^{\circ}$) or are feeling ill, a clinician will examine you to determine if it is safe to give your shot. Patients are responsible for obtaining serum and instructions when leaving for an extended period (i.e. holiday, vacation, graduation, etc.). **Serum that is left in the clinic will be discarded after 60 days or after the expiration date, whichever is first.** Strenuous activity (contact sports, tennis, etc.) should not be engaged in for approximately two hours after allergy injection. The site of injection should not be rubbed or scratched after injection – if local itching occurs, ice should be applied. Patients should have an antihistamine available. Bring an inhaler as indicated/prescribed to clinic with you. Any problems with or resulting from allergy injections should be reported to the clinician 434-395-2102.

Please feel free to call if you have questions or concerns.



Longwood University Health Center

106 Midtown Avenue . Farmville VA 23901
office 434.395.2102 fax 434.395.2783



CONSENT AND RELEASE FORM FOR ALLERGY INJECTIONS

The LUHC will assist the patient by maintaining the periodic immunization prescribed by the patient's personal physician. (No Antivenin)

The fee for this service will be based on your individual insurance coverage. For this service, we require the following:

1. Signed instructions from the physician designating dosage, frequency, and type of allergen.
2. The orders should include instructions for a local and/or systemic reaction. If no guidelines for this are given, LUHC procedure will be followed. If you are delinquent in maintaining the immunization schedule we will contact your allergy specialist. No further injections will be given until new orders are received, unless specific guidelines are written in the original order.
3. If patient ceases administration of serum at the health center then unclaimed serum that is left in the clinic will be discarded after 60 days or after the expiration date, whichever is first.
4. Signature of this consent form by patient/responsible party documents an awareness that allergy injections are occasionally associated with side effects. The Health Center is prepared to handle these unusual reactions with the presence of a clinician in its facility – but retains the right to refer the patient, if necessary, to the emergency room or other medical services, in the event of complications. The patient/responsible party will be responsible for any charges which result from such a necessary referral.
5. The patient/responsible party hereby agree to indemnify the University and Potomac Health Care Solutions, its officers, employees, servants and agents, and hold them harmless from any and all claims, lawsuits and causes of action arising from or connected with the providing of allergy injection services.

Patient's Signature Date

(Parent or Guardian if patient is under 18) Date