



UNIVERSITY OF IOWA \* STUDENT HEALTH SERVICE \* 4189 Westlawn \* Iowa City, IA 52242-1100

Fax: (319) 384-1703 \*\* Allergy appointments, (319) 335-8394 \*\* Allergy nurse questions, (319) 335-8365

[http://www.uiowa.edu/~shs/clinical\\_services/index.shtml#allergy](http://www.uiowa.edu/~shs/clinical_services/index.shtml#allergy)



## INSTRUCTIONS FOR ALLERGY (IMMUNOTHERAPY) PATIENTS

The Student Health Service (SHS) administers allergy shots/immunotherapy as a service to our students. We do not have an “Allergist” on-staff so all allergy testing, mixing of extract(s), immunotherapy education and instruction, and the very first shot(s) from your extract(s) MUST be done by your local allergist. SHS will store your extract(s) in our temperature-monitored refrigerator, administer your allergy shots under a physician’s supervision, and provide emergency treatment in case of a reaction to your allergy shots.

Before you begin receiving allergy shots at SHS, we require that you visit with an SHS physician to review your medical history and medications. As part of your immunotherapy treatment, we may need to contact your allergist to clarify or adjust dosages or to request needed information. We require these orders to be signed by your allergist and submitted to SHS by fax or mail (we do not accept telephone orders unless we speak directly to your allergist). Please be aware that this process may delay our ability to give you your allergy shot(s) at your scheduled time. Your best efforts to receive your allergy shots as directed by your allergist will assist us in minimizing delays.

You should not take “beta-blocker” medications while receiving immunotherapy. (*Beta-blockers are used in the management of cardiovascular disorders such as hypertension, angina, pectoris, cardiac arrhythmias, myocardial infarction, and heart failure. They are also given to control symptoms of sympathetic over-activity during alcohol withdrawal, anxiety states, hyperthyroidism, and tremor; for the prophylaxis of migraine headaches; and bleeding associated with portal hypertension. Some beta-blockers are used as eye drops to reduce intra-ocular pressure in glaucoma and ocular hypertension.*) Please talk with an SHS nurse if you are unsure if any of your medications is considered a “beta-blocker.”

Before receiving allergy shots at SHS, we require complete information from your allergist. Please check with your Allergist to see if our request for information was received.

### Fees

There is a fee for each allergy visit. The allergy extract administration fee may be paid in cash, charged to your U-Bill, or billed to your health insurance. Please check with your health insurance to see if allergy shot administration is covered at SHS.

**Allergy Clinic Hours - by appointment only: Monday through Friday: 8:30-11:15 a.m., 1:00-4:00 p.m.**

Occasionally the Allergy Clinic will be closed for a day or a half day due to staffing or other reasons, but reasonable attempts will be made to accommodate students who need their allergy shot(s) due to time factors or need to pick up or drop off their extracts.

### Appointment Procedure

1. Call (319) 335-8394 Monday through Friday during the hours of 8:00-5:00 or stop by the “Scheduling” desk to set-up your allergy injection appointments.
2. You may schedule appointments for the entire semester or one at time (according to your preference).
3. Please allow 45 minutes for each appointment.
4. Health History: Before your first visit you will need to fill out a SHS Medical History and Insurance Information forms. You may mail or fax these forms to SHS prior to your appointment or arrive 15 minutes early to the first visit to allow for time to complete the forms.
5. Please stop at the front desk to check-in before every appointment. The reception clerk will provide directions to the allergy office if needed.
6. **All patients are required to wait at SHS a minimum of 30 minutes** after injections and to check out with the allergy nurse before leaving the clinic. The nurse will inspect the injection site(s) and record any local reaction. If you have a history of adverse reactions you may be asked to stay longer.
7. Arrange allergy shot appointments to avoid strenuous activity and the use of alcohol just before and for 2 hours following an injection. Physical activity, which causes increased blood circulation, may result in rapid allergy antigen absorption and possibly produce a reaction.
8. Do not interrupt your allergy shot schedule for a minor illness, mild upper respiratory symptoms, or use of anti-allergic medications. If you have any questions about whether you can receive your injection, call the allergy nurse at 319-335-8365 to discuss your concerns.

## **STUDENTS WHO MISS APPOINTMENTS:**

*If you are unable to keep an appointment, please call as far in advance as possible. If you do not call by 8:00 a.m. on the day of your appointment, you will be assessed a \$5.00 charge. Call (319)335-8394 anytime to cancel. If you reach voice mail, please leave a message. The date and time are automatically recorded with the message.*

*Please remember that if you are “late” for your allergy shot(s) we may need to contact your allergist for advice and orders, which may result in additional delay.*

## **ALLERGY SHOT REACTIONS**

Some reaction (itching, redness, and swelling) at the injection site is common. Please see our educational handout entitled, *Information about Possible Reactions following Allergy Shots* for explicit descriptions of reaction symptoms and treatment. Make sure to report any reaction to the allergy nurse. The nurse will follow your physician’s guidelines for dosage adjustments.

Because SHS does not have a physician “on-call” after-hours to contact if you have a delayed and/or severe/systemic reaction to your allergy shot(s) **SHS REQUIRES THAT YOU HAVE AN “EPI-PEN” AND CARRY IT WITH YOU ON THE DAY YOU RECEIVE ALLERGY INJECTIONS.** If you do not already have an Epi-Pen, please inform the allergy nurse and a prescription and education for its use will be provided.

## **IF YOU EXPERIENCE A SYSTEMIC REACTION:**

- **USE YOUR EPI-PEN**
- **GO TO THE EMERGENCY ROOM OR CALL 911 FOR AN AMBULANCE WHEN ON OR OFF CAMPUS.**
- **WE WILL CONTINUE WITH IMMUNOTHERAPY AFTER CONSULTATION WITH YOUR ALLERGIST OR UIHC ALLERGY, AND APPROVED BY THE SHS DIRECTOR (OR DESIGNEE).**

## **Vacations or Absence from Campus**

If your schedule requires an injection during a period of time when you are away from campus, the following instructions apply:

1. Notify an allergy nurse that you will be away from campus so that you may pick up your allergy extract(s) and instructions. Make plans to keep the extract refrigerated. Do not freeze extracts.
2. When you return to campus, bring your refrigerated extract and updated instructions. This should include injection dates, dosage given, and signature of the physician or nurse who administered the injections.

## **Disclaimer**

Student Health Service reserves the right to decline to administer allergy shots to any student who has a perceived higher than average risk for a severe/systemic reaction to immunotherapy or who does not abide by Student Health Service instructions/requirements for receiving immunotherapy. Reasons for declination include, but are not limited to: chronic lateness for injections, refusing to remain at SHS for 30 minutes following allergy shots, and leaving SHS during the 30 minute wait.

*“I have read and received a copy of the “Instructions for Allergy (Immunotherapy) Patients,” reviewed the information with a nurse or other healthcare provider, and have had a chance to ask questions and have them answered to my satisfaction. I believe I understand the instructions and guidelines for receiving allergy shots/immunotherapy at Student Health Service. I chose to abide by the instructions and guidelines in order to receive allergy shots/immunotherapy at Student Health Service and understand that there may be consequences if I do not (such as increased risk for severe/systemic reactions and/or not longer being able to receive allergy shots at Student Health Service).”*

**Please initial the “Immunotherapy Administration Record” to signify that you have received and reviewed this information.**

**\*\*\*REMEMBER, the success and effectiveness of your allergy shot program depends on YOU adhering to your allergist’s recommended schedule as much as possible.\*\*\***