

Allergy Shot Information

# HOW TO GET STARTED

**Take** the ***Allergy Form*** to your allergist to be completed and signed.

**Bring** your allergy serum, schedule, and the signed ***Allergy Form*** to Immunizations and Allergy Shots at University Health Services (UHS).

**Store** the allergy serum at McCosh Health Center. When the vial is nearly empty, the student or nurse should contact the allergist for additional serum and new written instructions.

**Send** all allergy serum by **overnight** or **priority mail** with signature required service to avoid shipping delays to:

Allergy Shots and Immunizations

University Health Services

0 Washington Road

Princeton University

Princeton, New Jersey 08544-1004

# INSTRUCTIONS FOR ALLERGY SHOTS

▪ Plan to **wait 30 minutes after injection** as a precaution because of the possibility of a reaction.

▪ **Alert** UHS of any adverse reaction symptoms you may experience.

▪ **If you miss an allergy injection** on the due date, please schedule an appointment to come in as soon as possible after the regular date.

▪ **If you REPEATEDLY miss** injections, the desensitization series may have to be restarted.

There is increased risk when a haphazard schedule is followed.

**REMEMBER TO SCHEDULE AN APPOINTMENT**



# Rights and Responsibilities of Allergy Shot Patients

* Allergy shots are given at Princeton University Health services as part of the student health service.
* Students must wait 30 minutes after each injection and have their arms checked before leaving the building.
* Students need to report all new medicines including antibiotics, steroid use and beta blockers to the allergy nurse.
* Students must report if they are ill or have worsening allergy or asthma symptoms to the allergy nurse before each injection.
* If student does not keep to allergy schedule guidelines, he/she will be referred back to their allergist’s office.
* Students should not exercise before allergy injection.
* Students are responsible that allergy serum is sent via signature required service.
* When leaving campus for any long breaks, moving, or graduating be sure to take your serum with you. UHS is unable to ship allergy serum under any circumstance. We thank you for your understanding in advance.

# Signs and Symptoms of Allergic Reactions

* Swelling greater than the size of a quarter at injection
* Hives and rash
* Difficulty breathing
* Shortness of breath
* Difficulty swallowing
* Pain or tightness in chest
* Dizziness
* Flushing of face
* Nausea, vomiting, diarrhea or abdominal cramps
* Though allergic reactions are rare, these symptoms most often will occur in the first 30 minutes after an allergy injection which is why it is crucial that you stay in the building for 30 minutes after your injection



Dear Physician,

In order to administer allergy injections to your patient with the highest degree of safety, we ask that you complete the ***Allergy*** ***Form*** and return it to us along with your regular instruction sheets.

We cannot administer allergy injections to your patient until this form is received.

Thank you for your assistance,

Melissa Marks, MD

Director of Medical Services

Att: Allergy Form

/tlb

ALLERGY FORM

|  |  |
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| PRINCETON UNIVERSITY McCosh Health Center | |
| Name of Patient | Date |
| Social Security Number: | Class or Year |
| DATA REQUIRED FOR STUDENTS RECEIVING ALLERGY INJECTIONS: | |
| 1. Diagnosis: | |
| 1. Summary of sensitivities/Composition of serum: | |
| 1. Dosage and schedule: | |
| 1. Directions for care:    1. If local reaction occurs:    2. If systemic reaction occurs: | |
| 1. If patient is late for scheduled injection, maximum length of time without dosage change:    1. If on increasing dose:   B. If on maintenance dose: | |
| Name of outside physician responsible for care of patient (**PLEASE PRINT):** | |
| Physician’s signature: | |
| Address: | |
| Phone: ( ) | |