

**Student Health Center Allergy & Immunization Clinic
Allergen Immunotherapy Administration Agreement**

Allergen immunotherapy (AIT) is the only treatment that can modify several common allergic diseases. Subcutaneous immunotherapy (SCIT), also known as “allergy shots,” is the most well-studied form of AIT and is effective for allergic rhinitis and rhinoconjunctivitis, allergic asthma, and Hymenoptera venom allergy. SCIT involves receiving repeated injections of increasing amounts of allergens under the skin, starting with minimal doses and gradually increasing to higher doses. Although SCIT is an important therapy in allergy practice, it can induce anaphylaxis on rare occasions.

Anaphylaxis is a severe allergic reaction that can happen very quickly and cause death. It can happen after a person is exposed to an allergen and can affect one or more parts of the body. The most common symptoms are hives (raised patches of skin that are very itchy); angioedema (puffiness, usually of the face, eyelids, ears, mouth, hands, or feet); redness or itching of the skin without hives; swelling or itching of the eyes; swelling of the tongue or throat and trouble swallowing; trouble breathing, wheezing, or a change in voice; abdominal pain, vomiting, or diarrhea; and/or feeling dizzy or passing out.

Specific treatments are used to quickly reduce anaphylaxis symptoms, with epinephrine being the best treatment. However, symptoms of anaphylaxis can return even after its use. Therefore, after using epinephrine, patients should still receive further evaluation, observation, and follow-up treatment for anaphylaxis in an emergency room (ER). Additionally, anyone experiencing anaphylaxis should always be taken to the ER in an ambulance, where additional care can be provided during transport if necessary.

As a patient receiving AIT through the Student Health Center Allergy & Immunotherapy Clinic (AIC), I agree that:

- My AIT prescribing provider has advised me of the risks, benefits, and alternatives to SCIT, and my questions or concerns regarding SCIT have been addressed to my satisfaction. _____ (initials)
- I will not disrupt my AIT schedule by routinely missing or canceling appointments in the AIC. _____ (initials)
- I will advise my AIC nurse before my AIT injection if I am ill, including but not limited to experiencing respiratory symptoms such as a cough or wheezing; gastrointestinal symptoms such as nausea, vomiting, or diarrhea; a fever (i.e., temperature > 100.3 F); or a rash. _____ (initials)
- I understand the signs/symptoms of anaphylaxis and the life-threatening nature of their occurrence. _____ (initials)
- I will remain in the AIC or other assigned waiting area for 30 minutes after my AIT injection, or longer if previously advised to do so by my AIT prescribing provider, and immediately notify SHC staff if I begin to experience any unusual signs or symptoms as they could be reflective of anaphylaxis. _____ (initials)
- If prescribed by my AIT prescribing provider, I will always keep an Epinephrine autoinjector available and promptly contact my AIC nurse, SHC provider, or AIT prescribing provider if I need a new prescription or refill for it. _____ (initials)
- I will call or have someone call 911 and go to the ER by ambulance for further evaluation whenever Epinephrine is used to treat my signs and symptoms of anaphylaxis. _____ (initials)
- If I am treated for anaphylaxis, I will notify my AIC nurse and agree to receive my next dose of AIT only through my AIT prescribing provider’s office. _____ (initials)

I understand that refusing to initial and sign this agreement or failing to adhere to the above is grounds for dismissing me from AIT access through the UT Student Health Center.

(Patient Signature)

(Date)

(Witness Signature – not required if patient signs electronically)

(Date)

AIC Staff Instructions: In the EMR, post an “AIC AIT Patient” global alert and attach this completed form to the alert.