



**Lander University Student Wellness Center
Health Services**

Genesis Hall

320 Stanley Ave CPO Box # 6045

Greenwood, SC 29649

P)864.388.8885 F)864.388.8456

Dear Student,

Enclosed you will find our “Immunotherapy Agreement and Consent Form” for Students and “Allergist Instructions for the Administration of Allergy Extract” form to be completed by your allergy specialist. We ask that you read this information carefully. Please have your allergist’s office email the completed and signed form along with a written prescription and specific instructions to studentwellness@lander.edu . You may also bring the completed forms with you at least one week prior to your first allergy injection visit.

The enclosed guidelines have been adapted from the American Academy of Allergy and Immunology standards and are in place to ensure your continued safety while receiving your allergy shots at Health Services in the Lander University Wellness Center.

Should you have any additional questions regarding the allergy immunotherapy program, please call the Wellness Center at 864-388-8885.

Sincerely,

Laporsiha Crawford, RN

Director of Health Services

Lander University

Your patient has requested that he/she receive allergy immunotherapy injections at Lander University Health Services during the academic year. We will be happy to provide this service.

We ask that you label the patient's vial with their name, serum contents and concentration, prescriber's name, and any appropriate identifiers such as Vial A, Vial B, etc. and date of expiration. In addition, please provide us with a detailed immunotherapy injection schedule with specific instructions and details for the following:

- Dosage for each vial
- Frequency of administration
- Possible adverse reactions
- Instructions or schedule adjustments for missed appointments and/or reactions
- Any special needs of your patient (i.e. premedication)

Please ensure that your patient has a valid prescription for an epinephrine auto-injector and has been educated on the proper use of this medication in the event of a delayed reaction. Please note that storage space is limited and we request that you only send the current serum with instructions for patient to contact your office two weeks before end of current serum dose.

Please read and **sign** the Allergist Instruction for Administration of Allergy Extract Sheet. The student can bring completed form and additional documentation to Health Services one week prior to their first scheduled injection or it can be emailed to studentwellness@lander.edu.

We believe that our policies will provide quality care for your patient and will help minimize unnecessary calls to your office. If you have any questions, please feel free to contact us at Lander University Health Services at 864-388-8885.

Sincerely,

Laporsiha Crawford, RN

Director of Health Services

Lander University

IMMUNOTHERAPY AGREEMENT AND CONSENT FORM

Thank you for choosing Lander University Health Services to provide your immunotherapy injections (allergy shots). In order for us to provide the highest level of care, patients receiving allergy injections must agree to the following:

- Allergy injections are by appointment only. Call 864-388-8885 to schedule your first appointment. At the first appointment we will discuss a regularly scheduled appointment time. Any appointment changes should be made by calling Health Services.
- Initial immunotherapy injections **MUST BE** administered at the prescribing allergist's office.
- Allergy injection instructions from your allergist must be current and clear. Allergy injections will be administered according to the orders of the prescribing allergist, including schedule.
- Serum must be labeled with the patient's name, prescriber's name, expiration date, and vial contents.
- It is important to keep to your schedule, as the risk of adverse reaction to the allergy shot increases with deviations from the schedule. If you need to cancel or miss your appointment, please call 848-388-8885 to reschedule. Missed appointments may require that you re-visit your allergist before injections are resumed at Health Services.
- ***Each visit requires a \$15 fee; insurance is not accepted***

Things to consider before getting an allergy injection at Health Services:

- Exercise may stimulate increased blood flow to the tissues and promote faster reabsorption of the antigens into the bloodstream. We advise that you not exercise vigorously for two hours before or after your allergy injection.
- At every allergy injection visit, please report any reaction to the preceding allergy injection *before* the next injection is given. It is most helpful to have any reaction reported to the nurse prior to the next scheduled allergy appointment in the event that the allergist's office needs to be consulted.
- If your allergist advises that you be pretreated with an antihistamine, it is your responsibility to follow those instructions.
- If you receive any immunizations, please wait 24 hours before receiving an allergy injection.
- If you are ill with a fever or have wheezing, you will be assessed by the nurse prior to administration. The nurse may consult with our Nurse Practitioner or your allergist to determine whether the injection should be given.
- Students are responsible for obtaining new allergy serum and instructions when their supply becomes low.
- We ask that you take your serum home at the end of each academic school year.

After your allergy injection at Health Services:

- ***It is mandatory that you wait a minimum of 30 minutes following your injection so that the nurse can check you for swelling/hives/local reaction or systemic reactions.***

NO EXCEPTIONS. If you leave prior to 30 minutes or do not have your injection site(s) checked prior to leaving, we reserve the right to discontinue administration of your allergy injections at Health Services.

Possible reactions to allergy injections

- Local reactions: a local reaction consists of swelling and itching at or near the site of the injection. Avoid rubbing or scratching the area. If later in the day you develop swelling at the site, you may apply ice. All local reactions should be reported to the nurse so that the dose of the next allergy medication can be adjusted, if indicated by your allergist's instructions.
- Systemic reactions include:
 - Itching of the throat, nose, eyes, or skin
 - Hives
 - Runny nose
 - Coughing or wheezing
 - Chest tightness
 - Dizziness or weakness
 - *Anaphylaxis*

Most severe reactions occur shortly after the injection. This is why you must wait in the office for at least 30 minutes after each injection. If you notice any of these symptoms within the first 30 minutes, report to the nurse at once. If symptoms occur outside of Health Services, take an over-the-counter antihistamine right away. If the symptoms continue or worsen, return to Health Services or go to the nearest emergency department. If symptoms are severe, call 9-1-1. If you feel you are having a severe allergic reaction and you have your Epi-Pen, administer a dose and call 9-1-1. Health Services staff will contact your allergist to report the reaction and to obtain further direction.

I have read and understand the above information and agree to abide by these terms in order to receive allergy injections at Lander University Health Services. I understand that if I fail to follow these terms, Lander University Health Services reserves the right to discontinue the administration of my immunotherapy.

Printed Patient Name

Date of birth

Patient Signature

Date

ALLERGIST INSTRUCTIONS FOR THE ADMINISTRATION OF ALLERGY EXTRACT

Patient name _____ Date of birth _____

1. **Professional supervision:** Two licensed professionals must be on site during administration of allergy serum and during the waiting period that follows. In the event of a reaction, epinephrine and other medications and appropriate equipment as per the Joint Council of Allergy, Asthma, and Immunology will be available in the office.
2. **Technique:** Use a 1 mL disposable syringe, graduated to 0.01 cc and a 26-to-27-gauge (3/8th inch) needle. Carefully withdraw the proper amount from the appropriate vial. Cleanse the area with an alcohol swab prior to injection. Give the injection subcutaneously in the posterior aspect of the middle third of the upper arm and apply pressure over the injection site for 15-20 seconds. Do not massage the area. Either arm may be used, or the arms may be alternated.
3. **Storage:** Allergy extracts should be refrigerated (4°C). The vials should not be exposed to sunlight, extreme heat, or freezing. Do not administer expired allergy extract.
4. **Post injection waiting period:** Each patient is expected to wait at least 30 minutes in the Student Health office after receiving allergy injection treatment so that he/she can be checked for local or systemic reactions. The injection area and the student's medical status will be checked by a Registered Nurse before the student leaves the premises.
5. **New vials:** If possible, the patient is to return to the allergist's office for the first injection from a vial containing a new serum concentration. If the patient is unable to return to the allergist, we will contact you for permission to start on the next vial,
6. **Premedication:** _____
7. **Other instruction:** _____

Allergist: Please sign, date, stamp, and return to the patient or email directly to our office at studentwellness@lander.edu .

Signature _____ Date _____

Print Name _____ Office phone _____

Office Address _____ Office fax _____