Drew University Health Service
36 Madison Ave.
Madison, NJ 07940

Dear Student,

Enclosed you will find our policies, procedures and student consent form for your allergy immunotherapy. We ask that you read them carefully, sign the consent form, and take the physician form to your Allergist for review and signature.

Please return the completed forms with your allergy serum by the beginning of next semester. We will not be able to administer your allergy shots at Drew without the completed forms. Please return the original forms only.

These guidelines have been adapted from the American Academy of Allergy and Immunology standards, and have been developed in order to assure your continued safety while receiving your allergy shots at Drew.

We will charge $15 per visit for this service. Your student insurance covers this fee completely. Your family medical insurance may or may not cover the fee.

If you have any questions, please call the Health Service at (973) 408-3414.

Sincerely,

Joyce L. Maglione, Ph.D, APN-C
Director of Health Service

**Drew University Health Service**
36 Madison Avenue
Madison, New Jersey 07940
Tel: 973-408-3414
Fax: 973-408-3031

## IMMUNOTHERAPY INFORMATION AND GUIDELINES FOR STUDENTS

As an informed consumer, you have both rights and responsibilities for your health care. To assure the best quality of care including your safety, the following guidelines need to be adhered to in order to receive allergy shots at Drew University Health Services. Please read this information carefully.

1. After receipt of a written prescription from your allergist specifying the allergy extract dosage, frequency and graduation of increase, Drew University Health Service will administer your allergy desensitization injections. The DUHS "Allergist Instructions for Administration of Allergy Extract" form should be signed by your Allergist.

2. If you deviate from your schedule, the risk of reaction to the allergy shot increases. Thus it is important to keep to your schedule. If you miss your schedule, written or telephone instructions from your allergist will be required.

3. You must wait in the office at least 30 minutes after receiving your injection to make certain that you do not experience an allergic reaction. These symptoms consist of any of the following: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; lightheadedness; faintness; nausea; hives; generalized itching. Report these or any other symptoms to the nurse immediately so that appropriate treatment may be instituted.

4. You must have the injection site checked for swelling and/or hives before you leave the Health Service.

5. If, after leaving Drew University Health Service, you experience excessive swelling or tenderness in your arms, please tell the nurse prior to receiving your next injection.

6. It is our policy that injections will only be given by a registered nurse when a nurse practitioner or physician is onsite. Injections will be given by appointment between 9am and 3pm on weekdays. Adrenalin, other medications and appropriate equipment to treat allergic reactions will be available in the office when you receive your injection therapy.

7. Students are responsible for obtaining more allergy serum and instructions when the

supply becomes low. Drew University Health Service is not responsible for the replacement of serum that is lost or damaged.

8. Please follow the time intervals outlined by the doctor on the injection sheet for optimal therapeutic results. Do not discontinue your injections without consulting your physician.

9. If there is an interval longer than one month between injections, we will consult your allergist by telephone before your receive your next injection.

10. If you have a fever or are wheezing, you should be assessed by the nurse or the physician before receiving your injection. All current medications or changes in medication made by any physician should be noted. Please notify this office of pregnancy.

11. Do not exercise for two (2) hours following your injections(s).

12. Students are responsible for picking up allergy serum prior to vacation and at the end of the school year. Any serum left during the Summer will be discarded by July 1.

13. If you have any questions regarding your injections, these instructions, or allergy symptoms, please contact this office at 973-408-3414.

Drew University Health Service
36 Madison Ave.
Madison, NJ 07940
Phone: 973-408-3414
Fax: 973-408-3031

Dear Doctor,

Your patient _____ has requested that he/she receive immunotherapy at the Drew University Health Service during the school year. We will be happy to provide this service.

We ask that you take a few minutes of your time to:

Review our Allergist Instructions for Administration of Allergy Extracts. There is a space to individualize these instructions for your patient under MODIFICATIONS. If you do not make any changes, we will apply our guidelines as written when administering allergy immunotherapy to your patient.

Provide us with a detailed immunotherapy schedule with specific instructions on dosing, possible adverse reactions, and special needs of your patient.

Date and sign the form for your patient on the last page. Please return the signed originals to the patient or mail them to us at the above address.

We believe that our policies are aimed at better care for your patient, and will help minimize unnecessary calls to your office. If you have any questions, please contact us at the Drew University Health Service at (973) 408-3414.

Sincerely,

Joyce L. Maglione PhD, APN,C
Director of Health Service

Walter Rosenfeld MD
University Physician

**DREW UNIVERSITY HEALTH SERVICE**
36 Madison Avenue
Madison, New Jersey 07940
TEL (973) 408-3414

**PATIENT NAME**_____ **DATE**_____

**ALLERGIST INSTRUCTIONS FOR ADMINISTRATION OF ALLERGY EXTRACT**

1. **PROFESSIONAL SUPERVISION:** Two licensed professionals (RN **and** NP **or** MD) must be on site during administration of the allergy serum, and during the waiting period that follows. Epinephrine, other medications and appropriate equipment to treat allergic reactions 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 (3/8 inch) needle. Carefully withdraw the proper amount from the appropriate vial. Cleanse the area with an alcohol swab before injecting. 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 to 20 seconds. Do not massage the area. Either arm may be used or the arms may be alternated. Allergy extracts should be refrigerated (4 degrees C). Avoid exposure to sunlight, extreme heat, or freezing. Do not administer expired allergy extracts.

3. **POST-INJECTION WAITING PERIOD:** Each patient is expected to wait at least 20 to 30 minutes in the Health Service after receiving allergy injection treatment so that he or she can be checked for local or systemic reactions.

4. **MANAGEMENT OF LOCAL REACTIONS:** A lump or swelling with erythema is not as significant as a lump with a wheal (a wheal has a hive-like appearance). The wheal is the most significant part of the local reaction. If the wheal has pseudopods or is surrounded by hives, consult the Allergist.

   (a) Swelling to 15 mm (dime size) is negativeBcontinue with original schedule.
   (b) Swelling 15-20 mm (not redness), (dime to nickel size)--repeat same dosage.
   (c) Swelling 20-25 mm (nickel to quarter size)--return to the last dosage which caused no reaction.
   (d) Swelling persisting more than 12 hours or over 25 mm (quarter size or larger)--decrease dosage by 50%.

   If reduced dose is tolerated, increase dose by 0.05 to 0.1 cc weekly and resume schedule. If a second local reaction occurs (regardless of time period) call the allergist to determine next step in protocol.

5. **SYSTEMIC REACTIONS**: Systemic reactions resulting from injections occur occasionally in the course of treating allergy patients. Almost all reactions occur within 30 minutes after an injection. Symptoms may include itching of the palms of the hands or other parts of the body, sneezing, coughing, hives, swelling of the lips or other areas, and shortness of breath. With severe reactions, acute asthma, a drop in blood pressure, or anaphylaxis may occur. At the first sign of a systemic reaction, a tourniquet may be applied above the injection site and epinephrine administered. Epinephrine should be repeated if marked improvement does not occur within minutes. After a systemic reaction, additional allergy injections should not be given. See protocol for anaphylaxis.

6. **MISSED INJECTIONS**:

SERIES
Up to 9 days, continue as scheduled
10 to 13 days, repeat previous dose
14 to 21 days, reduce previous dose by 25%*
22 to 28 days, reduce previous dose by 50%*

MAINTENANCE
Up to 10 days, repeat last dose
11 to 20 days, reduce dose by 25%*
21 to 28 days, reduce dose by 50%*
Over 28 days, call physician for orders

*Increase dose by 25% per week until maintenance is reached, and then resume maintenance schedule.

7. **ADDITIONAL CONSIDERATIONS**:

(a) Refrigeration: If extract is exposed to extreme heat or cold or if the extract becomes cloudy, notify the Allergist.
(b) Expiration Date: Extracts have an expiration date and should not be given after this date.
(c) Beta Blockers: Beta blockers used concomitantly with allergen immunotherapy are a potential problem because the medications potentiate anaphylaxis. If the patient is taking any beta blockers or another questionable medication, advise the Allergist.
(d) Pregnancy: If patient becomes pregnant, have her schedule an appointment with her allergist.
(e) Fever or wheezing: Do not give allergy injections if patient has a fever or is wheezing.
(f) Exercise: Patient should not exercise for 2 hours after receiving injection.
(g) New vials or dosage adjustments: Always send dosage sheet and remaining vials with the patient when he or she is returning to Allergist for new vials or dosage adjustments. It is understood that the first dose of any new vial with altered concentration must be given by an Allergist.

8. **TREATMENT OF ADVERSE REACTIONS**:

(a) Local reaction: Some heat, redness, and swelling at the injection site may occur. Generally, these will subside within 24-36 hours without treatment. However, local ice and oral antihistamines can reduce discomfort. Give Benadryl 25-50 mg po prn.
(b) Systemic Reaction: Severe reactions usually occur promptly. Therefore, keep the patient in the office for 20 to 30 minutes after each injection. Usual manifestations include: urticaria, sneezing, rhinitis, pruritus, hives, wheezing, and/or hypotension. Any reaction that occurs away from the site of injection should be considered a systemic reaction and treated as such as soon as possible. PROMPT recognition of a systemic reaction is of utmost importance.
Should a reaction occur:
1. Place a tourniquet proximal to the injection site to decrease venous and lymphatic circulation of the extract.
2. Give aqueous epinephrine (1:1000) 0.3-0.5 mL subcutaneously immediately. (For children, give 0.01 mL/kg body weight). Inject around the site of the allergen injection, above the tourniquet.
3. If the reaction is unusually severe or prolonged, give Benadryl 50 mg IM STAT. Give $B_2$ bronchodilators (Albuterol 2.5 mg/3 mL by nebulizer) if necessary.

If student does not improve in a few minutes after Epinephrine, or if student continues to worsen, See Anaphylaxis Protocol (in chart), and transport to ER by Mobile Intensive Care. Notify Allergist as soon as possible.
(c) Severe Reaction: See Anaphylaxis Protocol.

**9. MODIFICATIONS (Please indicate any modification in space below):**

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Allergist: if accepted, please sign, date, and return to our office.

Signature:_____ Date:_____

Print Name:_____

Telephone:_____

Drew University Health Service
36 Madison Avenue
Madison, NJ 07940-4016
Tel: 973-408-3414 Fax: 973-408-3031

Patient Name:_____
Allergist:_____
Date:_____
Number of Vials _____ Exp. _____

## ALLERGY DESENSITIZATION RECORD

PLEASE NOTE THE DIRECTIONS ON THE PRECEDING PAGE

| DATE | VIAL # | | | VIAL # | | | VIAL # | | | Given By: |
|---|---|---|---|---|---|---|---|---|---|---|
| | Dose | Arm | Local Reaction | Dose | Arm | Local Reaction | Dose | Arm | Local Reaction | |
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Signature: _____ Initials: _____

Signature: _____ Initials: _____