



**Allergy Immunotherapy Ordered By Non-Student Health Center Physician**

**Instructions to Student:**

The Student Health Center is pleased to assist you in receiving the allergy immunotherapy prescribed by your personal physician while you are enrolled at UNC Charlotte. Our staff does so by serving temporarily as the agent of your prescribing physician who is treating your condition. We require detailed medical information and history, as well as, specific instructions from your physician that cover all circumstances that could arise during the course of your receiving allergy injections. We also require all patients to fully comply with all aspects of our allergy services policy (see Allergy Injection Information).

Allergy immunotherapy will not be administered until the Request for Allergy Immunotherapy form is completed and written orders from the prescribing physician have been received. Once all requested records are received, please contact a Health Services Allergy Clinic Nurse who will work with you to arrange an appointment with a Student Health Center provider. The Student Health Center provider will determine the appropriateness of your receiving allergy immunotherapy in the Health Center Allergy Clinic after reviewing your records with you at your appointment.

**Instructions to Physician:**

This student has requested Student Health Center to administer allergy immunotherapy prescribed by you. We are pleased to do this in the capacity of an agent for you. Allergy extracts must be properly labeled with the following information: allergen content, concentration, and expiration date. We require that the patient work with your office to obtain serum for injection. **Allergy injections are administered by a nurse with a physician OR a physician extender present in the health center to manage any severe reactions that may occur.**

All orders pertaining to dosing intervals, quantity and/or changes in dosing due to a patient's failure to comply with the ordered schedule or due to reactions from receiving immunotherapy, must come from you in the form of a written order. Therefore, we need specific information from you and request completion and inclusion of all requested information found on the Request for Allergy Immunotherapy form. If any problems or complications arise that are not addressed within the information provided, we will contact your office for further instructions.

Students must initiate allergy injections with their prescribing physician and complete a minimum of two injections at the prescribed interval before receiving the next injection due at the health center. If the time since the last injection is beyond the prescribed interval the student will be referred back to their prescribing physician's office for two more injections.



Patient's Name: \_\_\_\_\_  
Patient ID \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

### **Student Health Center Request for Allergy Injection Therapy**

*Note: This form, as well as the requested information below, must be fully completed in detail before allergy injections will be administered at the Student Health Center.*

1. Medical History on the patient, including any chronic or severe illness that might affect the desensitization schedule. Documentation of most recently administered injections should also be included.
2. Specific instructions on dosage adjustment if the patient is late for an injection or deviates from the prescribed schedule.
3. Schedule for increasing build-up dosages (not applicable for patient's already on maintenance therapy).
4. Maintenance schedule, including instructions regarding dosage adjustment when starting a new maintenance vial.
5. Specific guidelines regarding when to withhold or reduce dosages with illness, wheezing, or increased allergy symptoms.
6. Has the patient experienced previous significant local or systemic reactions to allergy injections? NO \_\_\_\_\_ YES \_\_\_\_\_. If yes, indicate the type of reaction, which extract(s), and previous treatment for any adverse reaction.
7. Is the patient presently taking a beta-blocker? Yes \_\_\_\_ No \_\_\_\_
8. Any other comments or instructions.
9. We require a written order, annually, from the prescribing physician before we administer allergy injections to your patient. We will also require a written order in the event a deviation from the original order is required.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_



## Patient Visit

### Allergy Injection Information and Consent Form

All patients requesting the Student Health Center to administer allergy immunotherapy are required to read and sign this form. Please read all information completely and carefully.

1. You must obtain a Request for Allergy Immunotherapy form and have this completed by your prescribing physician including all requested information.
2. Allergy injections are given by appointment only. **Injections are given with a physician OR a physician extender present in the health center.**
3. A signed order from the physician prescribing your immunotherapy is required annually; we cannot give your allergy injections without this order.
4. Allergy injections are administered to patients who are in the build-up phase and maintenance phase of their immunotherapy.

*Note: Our policy does require you to receive at least your first and second injections of your first vial of build-up in your prescribing physician's office. The interval between your last injection received at your prescribing physician's office and your first injection at the Student Health Center must be at the prescribed interval for your injection or you will be referred back to your prescribing physician's office. (Please plan accordingly.)*

5. You are responsible for providing your allergy extract (vials); our nursing staff will remind you when the vial(s) is getting low so that you can reorder from your prescribing physician.
6. If a change in dosage is required due to missing an injection, you are responsible for contacting your allergist to obtain written orders for any such changes. These orders may be faxed to the Student Health Center.
7. We require a **30 minute** patient observation each time an allergy injection is given. Failure to wait the required 30 minutes will result in automatic dismissal from the allergy injection service at Student Health Center.

Reactions to your immunotherapy can be immediate or delayed and can occur when you are increasing your build-up or maintenance therapy.

*Note: Immediate systemic type reactions can be life threatening, requiring prompt medical treatment. These reactions usually begin 5-20 minutes after injection with itching of scalp, ears, and palms of hands, a tickling irritation at the back of your throat, and difficulty breathing. Wheezing, sneezing, and coughing may accompany these symptoms. Early treatment may prevent progression of the reaction to generating hives, asthma, anaphylaxis, or death.*

8. You are responsible for reporting any of the following since your last appointment/injection to the nurse prior to receiving your allergy injection(s).
  - \* **Delayed reaction, local or generalized.**
  - \* **Asthma symptoms**
  - \* **Any suspected illness or fever at the time of your appointment.**
9. If you experience any type of severe reaction or begin having increasing frequency of reactions to your immunotherapy, we will no longer be able to administer your allergy injections; therefore you will be referred back to your prescribing physician.
10. You should not exercise for 2 hours after an allergy injection due to the possibility of delayed reactions.
11. It is your responsibility to inform the nurse if there are any changes in prescription medications that you are taking. If you are prescribed a beta-blocker at any time, we cannot administer your immunotherapy.
12. You are responsible for making arrangements ahead of time to receive you allergy injections elsewhere when:
  - \* Student Health Services is closed (primarily major holidays).
  - \* You are out of town and unable to get your injection at the Student Health Center.
13. The Student Health Center will store your vials of allergy extract until the end of the academic year, at which time they will be discarded. Please be sure to take yours home.

I have read the above information completely and understand the risk involved with allergy immunotherapy, including the possibility of local and/or systemic reactions as well as increased allergy symptoms. I hereby consent to the administration of allergy immunotherapy, prescribed by my private physician, by a nurse at the Student Health Center and under the direction of the clinic providers. I agree to fully abide by the policy and procedures of the allergy injection clinic at indicated above.

Patient Signature: \_\_\_\_\_

Banner #: \_\_\_\_\_ Date: \_\_\_\_\_

Provider reviewing information with patient: \_\_\_\_\_