

Dear Student,

Enclosed you will find our Immunotherapy Agreement and Consent Form for Students and an allergist instruction from your physician. We ask that you read this information carefully. Please have your allergist fax the completed and signed Allergist's Instruction Form along with a written prescription and specific instructions to 732-932-8255. You may also bring the completed forms with you to your first allergy injection visit.

The enclosed 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 Rutgers Student Health.

Depending upon your health insurance plan, a fee may be charged for allergy injections. If you have any questions, please call your insurance provider directly. Should you have any additional questions regarding the allergy immunotherapy program or for our current allergy charges, please call Rutgers Student Health at 848-932-7402.

Sincerely,

Cathryn Heath, MD
Medical Director
Rutgers Student Health

Dear Doctor,

Your patient has requested that he/she receive allergy immunotherapy at Rutgers Student Health during the school year. We will be happy to provide this service.

We ask that you label each patient's vial with their name, serum contents and concentration, and identifier such as Vial A, B, etc. and date of expiration. In addition, please provide us with a detailed immunotherapy schedule with specific instructions on:

- Dosage for each vial
- Frequency of administration
- Possible adverse reactions
- Schedule of instructions for missed appointments and/or reactions
- Special needs of your patient.

Please read and **sign** the Allergist Instruction for Administration of Allergy Extract Sheet. The student can bring it with them for their first appointment or it can be faxed to 732-932-8255.

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 Rutgers Student Health at 848-932-7402.

Sincerely,

Cathryn B Heath, MD
Medical Director
Rutgers Student Health

IMMUNOTHERAPY AGREEMENT AND CONSENT FORM

Thank you for choosing Rutgers Student Health (RSH) to provide your immunotherapy (allergy injections). 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 848-932-7402 to schedule your appointment. Please call to arrange the first appointment; thereafter, appointments can be made online.
- Initial immunotherapy injections should 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 order of the prescribing allergist. Any deviation from written schedule must be obtained from the ordering allergist.
- Serum must be labeled with the patient and prescribing allergist's names.
- It is important to keep to your schedule, as the risk of reaction to the allergy shot increases with deviations from the schedule. If you need to cancel or miss your appointment, please call 848-932-7402 to reschedule. Consistently missed appointments may require that you re-visit your allergist before injections are resumed at RSH.
- If you have more than two different sera to inject, please schedule for 30 minutes.

Things to consider before getting an allergy injection at RSH:

- Exercise may stimulate increased blood flow to the tissues and promote faster reals 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.
- 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. The nurse may consult with a nurse practitioner, physician 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 RSH:

- *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 sites checked prior to leaving, we reserve the right to discontinue your allergy injections at RSH.

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.
- Systemic reactions include:
 - Itching of the throat, nose, eyes, palms, or skin
 - Hives
 - Runny nose
 - Coughing or wheezing
 - Chest tightness
 - Dizziness or weakness

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 allergy nurse at once. If symptoms occur outside of RSH, take an over-the-counter antihistamine. If the symptoms continue or worsen, return to RSH 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. RSH 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 Rutgers Student Health. I understand that if I fail to follow these terms, Rutgers Student Health reserves the right to discontinue the administration of my immunotherapy.

Signed patient name

Date of birth

Printed patient name

Date signed

ALLERGIST INSTRUCTIONS FOR THE ADMINISTRATION OF ALLERGY EXTRACT

Patient name _____

Date of birth _____ Rutgers ID # _____

1. **Professional supervision:** Two licensed professionals (RN and AP or MD) 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. 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.
3. **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.
4. **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.
5. **Storage space is limited;** please send the current serum with instructions for patient to contact your office two weeks before end of current serum dose.
6. **Special instructions:**

Allergist: Please sign, date, stamp, and return to the patient or fax directly to our office at 732-932-8255.

Signature _____ Date _____

Print Name _____ Office phone _____

Office Address _____ Office fax _____

Stamp: