



Student Health Center
514 University Avenue
Selinsgrove, PA 17870
T: 570-372-4385
F: 570-372-2729
E: healthctrnurse@susqu.edu

Dear Allergy Immunotherapy Medical Provider,

You are receiving this follow-up letter because the protocol, including required forms, for the Susquehanna University Student Health Center has been revised. The Student Health Center serves patients referred from many different allergy specialists across the country, each with a unique form and protocol used in their offices. In an effort to maximize patient safety and quality, we have developed a single allergy immunotherapy order form to be used for all students. Completion of these forms is required for the Student Health Center nursing staff to administer allergy injections.

Attached, please find the *Susquehanna University Student Health Center Allergen Immunotherapy Administration Form* and the *Susquehanna University Student Health Center Policy and Attestation Form*. Please avoid returning these forms with "see attached" along with a copy of your office's documentation. This will be considered an incomplete form, and we will not be able to administer allergy immunotherapy. We hope that these comprehensive forms will help us maximize safety and quality and assist you in the overall care of the patients you have entrusted to us.

Please note that our nurses in the Student Health Center would be more than happy to speak with you or your staff about any questions regarding our protocol or any issues you may have completing these forms.

Sincerely,

Kaitlyn Fabian MSN, RN, WHNP-BC
Administrative Director



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Allergen Immunotherapy Administration Form
(to be completed by the allergist)

For your patient's safety and to facilitate the transfer of allergy treatment to and from our clinic, this form must be completed to provide standardization and prevent errors. Failure to complete this form will delay or prevent the patient from utilizing our services. **Susquehanna University Student Health Center offers allergy immunotherapy maintenance dosing only.**

Please complete **ONE FORM PER ALLERGY VIAL**. Form(s) can be hand delivered by the patient, mailed, or faxed.

Date: _____ Patient's Date of Birth: _____

Patient's Legal Name: _____

Physician's Name: _____

Name of Clinic: _____

Address: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Diagnosis: _____

Does patient have a history of reaction(s)? YES or NO

If yes, what was the reaction(s) and when did the reaction(s) occur? _____

Pre-Injection Checklist:

- Is peak flow required prior to injection? YES or NO
 - If yes, peak flow must be > _____ L/min to give injection.
- Is student required to have taken an antihistamine prior to injection? YES or NO
- Is student required to bring Epi-pen to injection appointments? YES or NO

Phase of Treatment (Maintenance schedule ONLY):

VIAL: _____		VIAL: _____	
List Allergens per vial: _____ _____ _____		List Allergens per vial: _____ _____ _____	
Vial Code/Color:		Vial Code/Color:	
Strength/Dilution:		Strength/Dilution:	
Date Extract Made:		Date Extract Made:	
Expiration Date:		Expiration Date:	
Injection Schedule		Injection Schedule	
Date First Injection Given:		Date First Injection Given:	
Dose:		Dose:	
Tolerance:		Tolerance:	
Frequency of injections:		Frequency of injections:	
Next Injection Due:		Next Injection Due:	
VIAL: _____		VIAL: _____	
List Allergens per vial: _____ _____ _____		List Allergens per vial: _____ _____ _____	
Vial Code/Color:		Vial Code/Color:	
Strength/Dilution:		Strength/Dilution:	
Date Extract Made:		Date Extract Made:	
Expiration Date:		Expiration Date:	
Injection Schedule		Injection Schedule	
Date First Injection Given:		Date First Injection Given:	
Dose:		Dose:	
Tolerance:		Tolerance:	
Frequency of injections:		Frequency of injections:	
Next Injection Due:		Next Injection Due:	

Management of Missed Injections (According to number of days from LAST date of injection):

Maintenance:
From _____ to _____ days since injection – give the same maintenance dose
Over _____ weeks since injection – contact the allergy office for instructions

Local Reactions:

At next visit:

- Continue with next scheduled dose if local reaction is between _____ mm and _____ mm.
- Reduce next dose by one dose increment if swelling is between _____ mm and _____ mm.
**Please note: Student will need to return to allergy office.
- If systemic reaction or local reaction is greater than _____ mm, student will need to return to allergy office.

Other Instructions:

Provider's Signature: _____ **Date:** _____



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Protocol and Attestation Form
(to be completed by the student and allergist)

To all Current and Prospective Susquehanna University Students:

The Susquehanna University Student Health Center's goal is to provide high quality care in the safest way possible. Our office serves students referred by many different allergy specialists across the country, each with a unique form and protocol which they use in their office. As you can imagine, this creates administrative challenges and has potential for errors and delays in care. Therefore, to maximize safety and quality for the student, our office has developed a protocol, including required documents, that we will utilize for every student in our office.

For a student to receive allergy immunotherapy at the Student Health Center, we require the following:

1) DOCUMENTATION:

The following documents must be completed and signed prior to a student receiving allergy injections at the Student Health Center. Orders are reviewed by two licensed staff members prior to initial administration.

- a. Susquehanna University Student Health Center Allergy Immunotherapy Administration Form
(to be completed by the allergist)
- b. Susquehanna University Student Health Center Protocol and Attestation Form
(to be completed by the student and the allergist)

2) MEDICATION/SUPPLIES:

Student is responsible to bring the following items to the Student Health Center:

- a. Allergy extract vials
- b. Any medication and/or supplies to each allergy injection appointment, as directed by their allergist, including but not limited to: Epi-pen, antihistamine, peak flow meter, etc.

3) ALLERGEN EXTRACT/SERUM VIALS:

- a. Allergy extract vials must be hand carried by the student. DO NOT mail to the Student Health Center.
- b. Each vial must be clearly labeled with:
 - Student's name
 - Student's date of birth
 - Name/code of the allergen(s) vial
 - Dilution
 - Expiration date
- c. The first dose of each vial must be administered and documented at the allergist's office, without exception.
- d. The Student Health Center staff will not mix or dilute any extracts and will store allergy extract vials in the Student Health Center.
- e. It is the student's responsibility to obtain new allergy vials, have the first injection of each new vial administered by their allergist and bring new allergy vials with documentation to the Student Health Center.
- f. During the summer months and during any SU breaks, it is the student's responsibility to pick-up/drop-off their extract vials along with any injection documentation.

4) APPOINTMENTS:

Students are responsible for calling to schedule their own appointments. Allergy injections are only administered when the provider is present in the Student Health Center.

- a. Call the Student Health Center at 570-372-4385 to schedule an appointment to speak with a provider PRIOR to the initial allergy injection appointment. This allows adequate time to review the required documentation and to sign a consent to coordinate care with the student's allergist.
- b. Once the Student Health Center staff verify that all the documentation is in order, the first injection may be scheduled; but please allow at least 1 day prior to when you need your next allergy injection.
- c. The student is responsible for scheduling and keeping all allergy injection appointments. Failure to keep a scheduled appointment or provide advanced notice when cancelling an allergy appointment will result in a fee charged to the student's account. If a student misses three appointments, allergy injections will be discontinued.
- d. If a student prefers being seen by an allergy specialist, they can choose to be seen by an alternative allergist office. Please call the Student Health Center for more information. Transportation is not guaranteed by SU.

5) FEES:

The Student Health Center does not participate in or bill insurance.

- a. There will be a \$50 one-time Student Health Center fee charged to the student's account each semester that they receive injections.
- b. There will be a \$10 fee added to a student's account if they fail to cancel previously scheduled allergy injection appointments, including appointments not cancelled at least 2 hours prior to the appointment time.

6) REACTIONS:

There is always a possibility of a reaction from an allergy injection.

- a. Students are required to wait in the Student Health Center for 30 minutes after receiving their injection(s) and must check with a nurse PRIOR to leaving, without exception. Failure to comply will result in the student no longer being eligible for injections in the Student Health Center.
- b. During the waiting period, notify the nurse if you're experiencing any of the following symptoms:
 - Shortness of breath
 - Chest pain
 - Wheezing
 - Coughing
 - Generalized itchiness
 - Hives
 - Facial swelling
 - Flushing
 - Dizziness
 - Difficulty swallowing
- c. If a serious reaction occurs, no further allergy injections will be given at the Student Health Center.
- d. Delayed reactions are possible.
 - Persistent or severe symptoms require immediate medical attention by calling 911 or by contacting Campus Safety at 570-372-4444.
 - For mild symptoms, call the Student Health Center nurse for advice 570-372-4385 (during Student Health Center hours) or 570-372-4385, option #2 (after hours).
 - Report any delayed reactions to the nurse PRIOR to any future allergy injections are administered.
- e. It is recommended to wait at least 48 hours before or after any allergy injections before receiving any other type of immunization, such as vaccines.
- f. Avoid vigorous exercise (jogging, gym workouts, etc.) for at least 2 hours before and after injections.

These requirements will help ensure safe and timely care for our students. Failure to comply could delay care or prevent a student from being able to receive immunotherapy at the Student Health Center.

In signing this statement, I acknowledge that I have read and understand the information on this sheet. I agree to uphold my responsibility and will abide by these guidelines. I understand that if these forms are not submitted to the Susquehanna University Student Health Center by the first day of the upcoming semester, allergy injections will not be given.

I hereby release the Susquehanna University Student Health Center and its staff from any liability for complications resulting from allergy serum injection and treatment of reactions to injections. Non-compliance with any of the above conditions may result in delay of care or prevent a student from being able to receive immunotherapy at the Student Health Center.

If you have any questions regarding the Student Health Center's immunotherapy protocol, please feel free to contact the Student Health Center.

Sincerely,

Kaitlyn Fabian MSN, RN, WHNP-BC
Administrative Director

STUDENT (please complete):

Student's Name (print): _____ Date of Birth: _____

Student's Signature: _____ Date: _____

ALLERGIST (please complete):

The Susquehanna University Student Health Center has the following emergency resuscitative equipment on site, if needed: AED, albuterol nebulizer, Diphenhydramine oral and IM, Epinephrine IM, supplemental oxygen, and ventilation bag and mask. All nurses and providers are all BLS trained and certified.

I have reviewed and agree with both the above Susquehanna University Student Health Center immunotherapy protocol and emergency resuscitative equipment for my patient.

Student's full legal name (print): _____

Physician's Name (print): _____

Name of Clinic: _____

Address: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Physician's Signature: _____ Date: _____