



EMORY
UNIVERSITY

Student Health Services
Campus Life

Allergy Immunotherapy Request Form

TO PATIENT:

Emory University Student Health Services (EUSHS) can provide allergy injections while you are a student. To care for you safely and to minimize disruption in your care, we require detailed information from your physician covering all circumstances that may occur during your therapy. Injections will not be given if immunotherapy injection instructions are incomplete. Your allergist will continue to manage your care, and EUSHS will serve as a temporary extension of your allergist's office. You and your physician will be responsible for providing the allergy serum. We cannot be held responsible for loss or breakage of vials occurring outside of EUSHS.

TO PHYSICIAN:

Your patient has requested that Emory University Student Health Services (EUSHS) administer his/her Allergy Immunotherapy while a student at Emory. We require that you complete the Physician Order sheet below. This will serve as your orders for dose adjustments regarding reactions or non-compliance. If problems develop that are outside the parameters you have provided, we will contact you for directions. EUSHS will not begin providing allergy immunotherapy services until we have received the completed and signed Physician Order sheet. Any sections not addressed will be sent back to you for completion. These orders will need to be updated annually or after a significant change.

We require that you supply the patient's serum. We will provide needles, syringes, and emergency medications in our role as an agent for you. Allergy extracts must be properly labeled with the patient's name, date of birth, vial contents, concentration, and expiration date. There must be a matching shot record for EACH vial sent.

EUSHS does **NOT** perform vial testing, serum dilution, or the addition of epinephrine to the serum.

Immunotherapy is administered by a Registered Nurse and with a physician available on premises for emergency situations. As appropriate, we will employ our protocol for anaphylaxis/systemic reaction with all needed emergency equipment and medications attached to this packet. Should a systemic reaction occur, you will be provided with a

complete report via fax. The patient must then be re-evaluated in your office and receive injections (minimum of 3) without incident before injections can resume at EUSHS.

Allergy Immunotherapy must be initiated at your office and can then be continued at EUSHS. At minimum, patients must receive three consecutive injections without a significant reaction prior to transfer of care to EUSHS. When a patient returns to your office to receive injections, the serum and immunotherapy record will be given to the patient to bring with them. When the patient returns to us, we request a copy of all documented injections (and a notation of reactions) administered in your office so that we may provide uninterrupted therapy to the patient.

Thank you for your assistance in providing a safe and collaborative allergy immunotherapy experience for our mutual patient.

We will not proceed with allergy injections without this signed document and the requested documentation below. Please fax this packet and all below documents to 404-727-7343

Physician Order for Allergy Immunotherapy

Allergist: Please read the information below and sign your name at the bottom acknowledging the following:

Emory University Student Health Service (EUSHS) will not accept the patient without the fulfillment of the below list:

1. Copies of prior and most recent injection records
2. Detailed documentation of dose schedule to be followed
3. Detailed protocol for **dose adjustment for late administration**, including specific instructions for dose schedule for rebuilding during **Build Up Phase**.
4. Detailed protocol for **dose adjustment for late administration**, including specific instructions for dose schedule for rebuilding during **Maintenance Phase**.
5. Detailed protocol for management and **dose adjustment following local reaction**, including parameters referencing size of reaction. Must include specific instructions for dose schedule for rebuilding during **Build Up Phase**.

6. Detailed protocol for management and **dose adjustment following local reaction**, including parameters referencing size of reaction. Must include specific instructions for dose schedule for rebuilding during **Maintenance Phase**.

7. Allergen extract contents per AAAAI Practice Guideline

- EUSHS accepts vials via mail. All vials must have two patient identifiers (i.e. name and DOB or chart ID), concentration, and a description of vial contents. This information must also be on the corresponding flowsheets.
- No expired serum will be administered.
- The initial allergy injections (min. of 3 injections) will be given at my office, not at EUSHS.
- This patient has experienced systemic reaction(s) to serum: Yes No

If yes, I will forward any information regarding the systemic reaction. I understand that EUSHS Allergy Clinic requires that the patient return to my office for at least three injections after any systemic reaction experienced at EUSHS.

- You will provide an up-to-date prescription for an EpiPen to the patient. An EpiPen must be shown to an EUSHS nurse prior to injection.
- Indicate if patient has any specific requirements prior to receiving allergy injections, including:

___ Patient must take pre-medication on the day of injection visit.

Please list medication(s) and dose:

___ Peak flows must be completed before and/or after injections (please send parameters)

- A week equals _____ days

Allergist Signature: _____ Date: _____

Printed Allergist name: _____

Office fax number: _____

Office stamp

Emory University Student Health Only

My signature below acknowledges that my staff and I will administer allergen subcutaneous immunotherapy injections for this patient in a supervised medical setting (immediate physician availability). Furthermore, I acknowledge the following: 1- that my staff and I are trained in the recognition and management of both local and systemic reactions to the allergen immunotherapy, 2- that my staff and I understand that you or your staff will be available for phone consultation as needed but will not be responsible for the training and supervision of my clinic personnel for procedures performed within my clinic or for any quality control measures within my clinic, and 3- that I understand that the patient may return to you at any time for continuation of immunotherapy, if so requested by myself or by the patient.

Acknowledged and agreed by:



Laura Joseph, MD

Senior Director of Clinical Services

Consent to Exchange of Medical Information

I give permission for Emory University Student Health Services to contact and exchange my medical records regarding immunotherapy with the prescribing physician.

Prescribing Physician:

Physician Contact information:

Patient Signature:

Date:

Patients under 18 years of age require the signature of a parent or legal guardian.

Parent or Legal Guardian Signature:

Date:

Once you have completed the initial Allergy Clinic intake, appointments can be scheduled through the Student Patient Portal. I understand and agree to the following:

1. It is important to keep scheduled appointments for allergy injections. You should arrive 5-10 minutes prior to your appointment time. (If you are late for your appointment, you may have to reschedule.) ****Per EUSHS policy- a fee is charged for all “NO SHOW” visits.**
2. You may not have more than one appointment at EUSHS on the same day (ex. You cannot see a medical provider and have an allergy shot visit on the same day).
3. Allergy injections cannot be given without complete instructions from your allergist regarding dosage, schedule of injections and treatment of possible reactions. If changes are needed, then we must get a new order from your allergist. We only accept written or faxed orders. **Verbal and telephone orders are not accepted. If new orders are required on the day of your appointment, you may need to reschedule.**
4. Students are responsible for ordering allergy injection vials from their allergist. We will let you know when new vials need to be ordered.
5. Expired serum will not be used and will be discarded.
6. Students are required to wait 30 minutes after their allergy injection(s) are administered. **The Allergy Clinic may terminate care of patients that are unable to comply with this rule.**
7. At each visit, we ask that you inform us of any change in your medical history, including pregnancy and any new medications, especially beta-blockers (used to treat blood pressure, headaches, etc.). Beta-blockers may decrease your responsiveness to epinephrine, the medicine we use to treat severe allergic reactions.
8. If you are ill with fever, asthma or respiratory difficulties, you should not receive allergy injections until your symptoms have improved. It is imperative that you communicate this before your appointment to be rescheduled.
9. You should not exercise or get overheated for at least 2 hours after allergy injections to minimize risk of systemic reaction.
10. An EpiPen is required at EVERY visit and must be shown to the allergy nurse. An appointment will be rescheduled if an EpiPen is not shown.
11. I understand that I am responsible for picking up my serum if I am leaving campus for university breaks. EUSHS will not ship my serum to me, and expired serum will be discarded.
12. You should know the signs of a systemic allergic reaction which include:
 - a. Itching of the skin, palms, throat, ears or eyes (even without rash)
 - b. Hives
 - c. Wheezing
 - d. Tightness in the throat or chest
 - e. Nausea/ Vomiting
 - f. Sudden Onset of hay fever symptoms
 - g. Flushing/ Sweating
 - h. Dizziness/ Fainting

Patient Signature_____
Student ID_____
Date_____
Allergy RN Initials_____