

**Perrella Health Center
Hartwick College**

Phone: 607-431-4120 Fax: 607-431-4124

Student Allergy Injections Information and Consent Form

***Please read the following information carefully. If you have any questions please call our office
(607-431-4120) and speak with our nurse or medical provider.***

- 1) You must have your prescribing allergist complete and sign the Allergy Immunotherapy Authorization Form, Allergy Immunotherapy Information Form for Prescribing Physician, and the Anaphylaxis Protocol Form. We will not administer your allergy injections until we have these completed forms.
- 2) There is a \$10.00 fee for each allergy injection appointment. The cost is charged to your student account and we can give you a receipt to submit to your insurance company for reimbursement. If you have the college insurance, the cost will be billed directly to the insurance company.
- 3) If you are starting a new build-up schedule, you are required to receive the first two allergy injections at the prescribing doctor's office prior to receiving allergy injections at Perrella Health Center.
- 4) Allergy injections are given by appointment only. If you fail to follow your allergy schedule on multiple occasions, we will stop providing these injections and refer you back to your allergist. You are responsible for making arrangement to receive your allergy injections elsewhere when Perrella Health Center is closed for summer or other breaks.
- 5) Due to the risks involved with allergy immunotherapy, you are required to wait for a minimum of 20 minutes in our office after an allergy injection. You must check-in with the nurse prior to departure. Injections are given with a nurse practitioner or physician present in the office to help manage any reactions. We recommend that you always carry an Epi-Pen and know how to use it. If you need an Epi-Pen prescription or instructions, please notify the nurse so we can help. Most reactions to allergy injections are mild, but reactions that are more serious can occur. Symptoms such as difficulty breathing, wheezing, hives, and tightness in throat or chest are signs of a systemic reaction or anaphylaxis, and immediate treatment with epinephrine (Epi-Pen) and antihistamines is needed. Many systemic reactions are successfully treated, but some of these reactions do not respond to medication and can result in death. Administer your Epi-Pen and proceed to the emergency room or call 911 if a systemic reaction occurs after leaving Perrella Health Center. Please notify our office if you notice any other symptoms after receiving an injection. To lower your risk, please avoid exercise for a least 2 hours after an allergy injection.
- 6) Throughout your allergy immunotherapy at Perrella Health Center, please notify our staff if you have any medical changes such as new medicines, recent or current infections or fever, worsening allergy symptoms or asthma, pregnancy, or any reactions to allergy injections. If you are on a beta-blocker at any time we cannot administer your allergy injections.

I have read and understand the above information and give my permission to Hartwick College Perrella Health Center to administer my allergy injections as prescribed by my private allergist.

Patient's Signature: _____

Patient's Name (printed): _____ Date: _____

Parent or Guardian Signature (if patient is a minor): _____ Date: _____

Parent's Name (printed): _____ Date: _____

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Allergy Immunotherapy Authorization Form**

Patient's Name: _____ DOB: _____

Home Address: _____

I hereby authorize my allergist Dr. _____ to release the following information to Hartwick College Perrella Health Center and authorize Perrella Health Center to release information pertinent to my allergy treatment to the above allergist.

Allergist's Address: _____

Signature of Patient: _____ Date: _____

❖ **Prescribing Physician: This patient requests to have allergy injections at our office per your orders. Please send the requested information, complete this form and sign below. Return this copy by mail or fax to Hartwick College Perrella Health Center (Fax # 607-431-4124).**

1. Brief medical history and physical pertinent to allergies, allergy treatment, asthma and other significant conditions: _____
2. Has the patient experienced any significant local or systemic reactions to allergy injections? If yes, please give details: _____
3. Is this patient taking beta-blockers? Yes _____ No _____
4. Does this patient have asthma? Yes _____ No _____
5. Any other comments or concerns: _____

Please provide the following information:

- Treatment plan including schedule for increasing buildup dosages or maintenance schedule and adjustments for new vials.
- Specific instructions on dosage adjustment if patient is late or deviates from prescribed schedule.
- Specific guidelines when to withhold or reduce dosages due to illness, wheezing, seasonal allergy peak, increased allergy symptoms, or local or systemic reactions.
- Documentation of most recently administered injections.
- We require an annual written order and treatment plan from the prescribing allergist.

If the time since the last injection is beyond the prescribed interval the nurse will call your office for orders for dosage adjustment before further injections are administered.

Prescribing Physician's Signature: _____ **Date:** _____

Physician's Name (printed): _____

Office Address: _____

Telephone #: _____ Fax #: _____

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Allergy Immunotherapy Information Form for Prescribing Physician**

Attention Prescribing Allergist's Office:

Student name: _____ DOB: _____

This student requests Hartwick College Perrella Health Center to provide allergy immunotherapy prescribed by you. The decision of where this patient is to receive immunotherapy must be made by the prescribing allergist after assessing the patient's risk profile. The prescribing allergist must determine that the patient is not high risk for severe systemic reaction to allergy immunotherapy prior to the patient being referred here for injections. **Allergy immunotherapy is administered by our nurse, based on your orders, with a supervising nurse practitioner or family physician present in the health center. Please do not refer a patient who requires added expertise of a trained allergist in supervision of the immunotherapy administration.** To insure you are aware of our management plan for severe reactions, please review and sign our anaphylaxis protocol and supplies list prior to making your referral. Please note that we do not carry IV supplies, glucagon, or have an oral airway. We do have Epi-Pens.

It is the responsibility of the prescribing allergist to provide detailed instructions to our office. In your orders please include: (1) adjustment of allergen doses during the buildup phase as well as at maintenance, (2) new vial details, (3) seasonal allergy peaks, (4) missed allergy injection plan, (5) follow-up and adjustments to local and systemic reactions, and (6) date and dose of most recent injection. Please clearly label allergen extract vials with contents, potency, expiration date, patient's full name and date of birth. Patients must initiate allergy immunotherapy at the prescribing physician's office and complete a minimum of two injections at the prescribed interval before receiving an allergy injection at our office. If the time since the last injection is beyond the prescribed interval the nurse will call your office for orders for dosage adjustment before further injections are administered.

Please sign below to indicate that you have read and understand the about information.

Prescribing Physician's Signature: _____

Physician's Printed Name: _____

Office Address: _____

Office Phone#: _____ Office Fax#: _____

Please fax this form to Perrella Health Center: 607-431-4124

**Hartwick College Perrella Health Center
Anaphylaxis Protocol and Supplies List
Standing Orders for Anaphylaxis**

Anaphylaxis is a sudden life-threatening reaction to antigens such as bee stings, antibiotic, allergy injections, ect.

Assess the patient for signs and symptoms of anaphylaxis, which include:

- Tingling sensation around the mouth or face
- Urticaria
- Warm feeling, flushing
- Vomiting, diarrhea, cramps
- Restlessness
- Itchy skin, throat or chest
- Shortness of breath, cough or wheeze
- Weak Pulse, dizziness, syncope, hypotension, chest pain

Anaphylaxis Supplies and Equipment List: stethoscope, tourniquet (latex-free), sphygmomanometer, Epi-Pens (1:1,000 for IM injection), oxygen, oxygen mask, latex-free gloves, diphenhydramine (oral-12.5mg/5ml), albuterol inhalation solution (2.5mg/3ml), nebulizer.

ACUTE MANAGEMENT OF ANAPHLAXIS:

The first and most important therapy in anaphylaxis is epinephrine. There are no absolute contraindications to epinephrine in the setting of anaphylaxis.

Adult (over 50#)

Inject Epi-Pen (1:1,000 epinephrine 0.3ml IM), preferably in the anterior or lateral thigh; can repeat at 5-15 minutes intervals up to three times if symptoms persist.

Child dose is 0.15 ml IM.

Call 911 for immediate transfer to emergency room.

We are approximately 5-10 minutes away from the nearest emergency room.

While awaiting emergency assistance:

Place tourniquet, lightly, above allergen injection site.

Stay with patient and monitor vital signs q 2-5 minutes.

Place patient in the supine position with feet elevated.

Give oxygen (6-8 L/min) via mask.

Consider diphenhydramine 25mg PO X 1 for itching and urticarial only.

Consider albuterol (2.5mg in 3ml saline) via nebulizer if patient has bronchospasm.

I am aware of the anaphylaxis protocol at Hartwick College Perrella Health Center. I have reviewed this protocol and supplies list and agree with their treatment plan of a potential anaphylactic reaction in the following patient: _____.

Prescribing Physician's Signature: _____

Prescribing Physician's Name (printed): _____

Date: _____