

## SHS ALLERGY INJECTION GUIDELINES AND PROTOCOLS

### For review by Prescribing Allergist

**• This is the only form to be signed by the prescribing allergist •**

Students are carefully screened prior to acceptance in Student Health Services (SHS) for allergy desensitization. Student Health Services provides allergy injections as **a service to students and reserve the right** to discontinue administration of injections to students who fail to comply with their prescribed regime, or who fail to notify SHS of changes in their regime.

Allergy desensitization injections are only to be administered within the following guidelines:

- 1) Students must have instructions from their prescribing physician, clearly labeled with the student's name and the physician's name, address, and phone number. It must clearly designate serum to be used, dosages, and injection intervals. SHS medical staff will consult with the prescribing physician when necessary to clarify instructions. In the student's allergy instructions please provide a maintenance schedule due to the possibility of a missed injection.
- 2) Students must provide their own serum which can be stored in the SHS refrigerator.
- 3) Students must complete the **Allergy Injection Intake Form** at the initial visit with the **Student Health Services Nurse Practitioner**.
- 4) A **Patient Intake Form** will be completed and signed by **the SHS Nurse Practitioner and the student**.
- 5) Due to the increased risk of anaphylaxis, students who have not received allergy injections previously, or who are resuming injections after a four-month layoff, must receive the initial injection at the prescribing physician's office.
- 6) A Nurse Practitioner is available when allergy injections are administered and during the waiting period post-injection.
- 7) Individuals receiving injections must remain in SHS for a period of at least (30) thirty minutes after the injection (s) is administered.
- 8) At each appointment, before drawing up the injection, ascertain if the student has recently been ill, is taking any medications (do not give if on beta blockers), or if any reactions to recent injections, or had not adhered to the dosage schedule. SHS will refer to the allergist's instruction sheet regarding the need to adjust the dosage or delay administration of the injection under these circumstances. SHS will contact the prescribing allergist for clarification of instructions, if necessary.
- 9) Syringes will not be filled until it has been ascertained that there are no contraindications to receiving the allergy injection. SHS nurses will advise students when they are low on serum. The student is responsible for contacting their allergist for serum refills.
- 10) An allowance of one minute between injections is recommended. Documentation on the allergy flow sheet will include the date, dosage, and any reaction that

occurred during the 30-minute interval after receiving the injection. Measurement of any local reaction, i.e. wheal, flare, etc. will be documented on the flow sheet.

- 11) Students receiving injections in SHS will have a section in his/her chart with the following information:
  - a) Current Instructions/Schedule for administration of allergy injections
  - b) Allergist flow sheet followed by SHS flow sheet (for use when original full)
  - c) SHS Allergy Consent form (SHS)
  - d) Allergy injection intake form (Student and SHS Nurse Practitioner)
  - e) Allergy Injection Guidelines and Protocol (signed by prescribing allergist)
- 12) Prior to administration of allergy injections, SHS staff must be familiar with the Anaphylaxis/Allergy Response Protocol.\*

***NOTE: Student Health Services requests specific instructions or a “standing order” for non-compliant students, (e.g. students who consistently miss appointments).***

**A 30-minute wait period is required by SHS for all allergy shot patients following injection. Please indicate the wait time you require for your patient if longer than 30 minutes:**

\_\_\_\_\_ minute wait.

**Our office is staffed solely by Nurse Practitioners.**

#### **CONSENT:**

**The Allergy Injection Guidelines and Protocol of Student Health Services at Salisbury University is acceptable to me, as the prescribing physician for my patient, \_\_\_\_\_.**

**Allergy desensitization may be administered by the medical staff at SHS.**

\_\_\_\_\_  
**Printed Name of Prescribing Physician**

\_\_\_\_\_  
**Signature of Prescribing Physician**