



CONTINUATION OF IMMUNOTHERAPY INJECTIONS AT RIDER UNIVERSITY

ALLERGIST INFORMATION AND PERMISSION FORM

Dear Allergist:

Your patient, _____, would like to continue allergy injections in our health center while attending college. Although we realize that this is not always an acceptable alternative for some patients, especially those at higher risk of serious reactions, it has been our experience that allergists consider our health center a safe option for the majority of Rider students receiving allergy shots.

Strict policies have been developed to help assure the safe administration of allergen extract. These measures include the following:

- Allergy injections are administered by a licensed registered nurse and supervised by licensed board-certified nurse practitioners.
- Allergy injections are administered when a minimum of 2 clinicians, one of whom is a nurse practitioner, are in the health center. Our collaborating physician is available at all times by telephone, but is not present on campus.
- Aqueous epinephrine, diphenhydramine, oral prednisone, and oxygen are available on site. We do not have the equipment for intravenous administration of medications.
- All clinical personnel have current CPR/AED certification and receive training in the recognition and treatment of local and systemic allergy reactions.
- Local emergency medical response is readily available and three major acute-care hospital emergency departments are located near our 2 campuses.
- The required observation after injection is 30 minutes.
- We do not administer first injections from new allergen extract vials, single dose vials, nor do we mix extracts for injection. We do not administer serum containing insect venom.
- We do not administer allergy injections to students with a history of high degree of allergen test activity, those taking beta-blockers, and those with current symptomatic asthma or suffering from an exacerbation of their allergic disease.

Further, we require that students bring the following information from their allergists before receiving their allergy injections at our health center.

- Detailed written instructions containing the following:
- Date, dosage, and reaction to last injection

- Documented proof that patient has received first injection from allergen extract vial at the allergist's office
- Adjustment of allergen doses during buildup phase as well as at maintenance (dosage schedule)
- Adjustment of doses during seasonal allergen peak, if applicable
- Frequency of injections
- Adjustment of dose for local reactions
- Adjustment of dose for missed or late injections
- Allergist's signature on orders
- Allergist's office address, telephone number, and fax number
- Clear labeling of allergen Extract Vials with the following information
- Patient's full name
- Contents of each vial
- Strength (potency) of each vial
- Expiration date

ALLERGIST'S SIGNATURE IS REQUIRED: Your signature below reflects that you have given permission for your patient to have allergy injections administered at Rider University, Student health Services by a registered nurse, under the supervision of an on-site family and/or adult nurse practitioner.

Print Allergist's Name: _____

Allergist's Signature: _____

Practice Address or Office Stamp:

Rider Student Health Services Physician Signature: _____

Nurse practitioner Signature: _____



Procedure and Consent Form for the administration of
ALLERGY SHOTS

(To be completed by the patient)

Allergy shots are given at the Rider University Health Center, or at the Westminster Choir College Health Office as a special service for the student. The injection of an allergen (a substance to which a person is allergic) is a serious matter; therefore, strict rules have been adopted. Students who are unable to abide by this procedure may continue to get their injections at their allergist's office or by a local physician.

Because of the concern regarding reactions (which can range from a local reaction at the injection site to a more systemic response; generalized hives, difficulty breathing, itching, sneezing, and coughing,) special precautions will be taken to protect the health and safety of the student.

Although a person may have been receiving injection for a period of time without experiencing side effects, it is always possible that a reaction could occur, especially if the dosage is being increased with each injection. Emotional stress, anxiety or worry about school or other matters, or fatigue can affect the reaction to an allergen. Cooperation with regulations listed below is important to assure safe administration of allergy injections.

1. Signed and stamped Allergist Information and Permission Form containing all required written instructions.
2. Vials are to be labeled with the student's name. Information regarding the content of serum and expiration date must be provided for all vials.
3. The student's private physician will administer the first dose of serum from each new vial.
4. The student must bring in documentation whenever an injection is administered at a private physician's office. This must include the date, dosage, site and reaction.
5. Single dose vials will not be administered unless specifically approved by the university physician.
6. Students are to inform the nurse of the following before an injection is administered:
 - a. current medications, especially beta blockers
 - b. cold or allergy symptoms
 - c. prolonged or delayed reactions from previous injections
 - d. pregnancy

7. Students must wait at least 30 minutes at the Health Center after an injection is given. Students who fail to comply with this requirement will NOT be permitted to receive allergy shots at our office.
8. Allergy injections will only be administered when 2 providers are present. Please verify with health center staff that 2 providers are scheduled when shots are due.
9. Serum may be stored at the Health Center. All serum must be picked up at the end of the semester. All remaining serum will be discarded at the end of the year.
10. Serum containing insect venom will not be administered at the Health Center.

Note: Please bring your allergy serum vials, instructions and required Rider University documents (3 documents) to the Health Center on the Lawrenceville campus or the Health Office on the Westminster campus 5 days prior to your first allergy shot. This will allow the clinical staff time for adequate safety checks.

CONSENT FOR TREATMENT

I confirm that I have read and understand the above information and have had my questions answered satisfactorily. I understand the risks, possible complication, and the important role I have in my treatment. I release and hold harmless, Rider University, its nurses, physicians, and other persons employed or associated with the University from liability due to the product administration, or use of any vaccines, biologicals, or allergens supplied to me legally by my own physician, but administered at Rider University by authorized health personnel. I also release the Rider University Health Center from responsibility for the replacement of serum that is lost or damaged.

Student's Signature: _____ Date: _____

Parent's signature if student is not 18 years or age: _____

Date: _____

3/11, 7/17



ALLERGY SHOT INTAKE FORM

(To be completed by the patient)

Name: _____ Date: _____

When did you start getting your allergy shots? _____

When was your last allergy shot? _____

Are you getting shots containing insect venom? _____

During what months are your allergy symptoms worse? _____

Do you have any kind of heart disease or abnormality? _____

If yes, please describe: _____

Have you ever had asthma or wheezing? Y____ N____

If yes: Have you ever been admitted to the hospital for asthma treatment? Y____ N____

Have you ever gone to the emergency room for asthma treatment? Y____ N____

Have you ever had wheezing or asthma as a reaction to an allergy shot? Y_____ N_____

Have you ever had hives or rashes or any kind of generalized reaction to an allergy shot?

Y _____ N _____

If yes, please describe:

Are you taking any medications? (including prescribed and over the counter)Y___ N___

If yes, please list:

05/05 Updated 11/06 and 01/10, 3/11,6/14, 7/17

In accordance with the American Academy of Allergy, Asthma & Immunotherapy (AAAAI); the American College of Allergy, Asthma and Immunology (ACAAI); and the Joint Council of Allergy, Asthma, and Immunology the following pieces of equipment have been added/ updated to the health center on each campus: Pulse Oximetry, IV fluids and tubing, IV angio-catheters, medium and large face masks with O2 port for use with ambu bag, New pocket CPR masks with O2 portal valves. The Journal of Clinical Immunology (2010). The diagnosis and Management of Anaphylaxis Practice Parameter: 2010 Update (Volume 126. No.3).