



Student Health Services

Name of Policy	Allergy Immunotherapy
Section	Clinical Records and Health Information
Date Effective	January 20, 2005
Date Last Reviewed	June 7, 2023
Responsible for Review	UCF SHS Director
Approved by Executive Council	September 4, 2013

POLICY:

UCF SHS will provide continuity of care of patients receiving Immunotherapy. UCF SHS adheres to a policy that safely manages immunotherapy vaccines brought into the facility by patients.

PROCEDURE:

All students receiving allergy immunotherapy will:

1. Receive, read and sign an *Informed Consent to Receive Allergy Immunotherapy* form to receive allergy immunotherapy at UCF SHS. This form must be dated and witnessed by a nurse. It must be co-signed by a staff physician if the allergist is out of state.
2. Receive the *Guidelines for the Allergist* letter which is to be given to the prescribing allergist physician.
3. Receive, read and sign a *Signing out Allergenic Extracts / Release for Signing out Allergenic Extracts* form when the student is away from UCF (such as during school breaks). If students are to receive their allergy immunotherapy elsewhere during such times they must sign this consent. Student will be given the *Instructions for Signing out Allergenic Extracts*.
4. Receive *Allergy Immunotherapy Instructions* for information regarding potential problems or side effects associated with Immunotherapy.

All students receiving allergy immunotherapy at Student Health Services shall:

1. Be assessed by a nurse prior to each injection and if found unfit for therapy be rescheduled for an appropriate alternate time.
2. Wait a minimum of 20 minutes in the allergy clinic area after receiving allergy immunotherapy injections every time they are injected and shall sign out with the allergy nurse on duty prior to leaving the Health Center. If student leaves prior to the 20 minutes (minimum time) waiting time and/ or does not sign out with nurse on duty, he/she may no longer be allowed to participate in the services and will be asked to take their allergy extract elsewhere. This requirement is in the best interest of the student, as we cannot be responsible for any threatening anaphylactic reactions, which may occur within the first 30 minutes after allergy injections if the student is not present in the Health Center.
3. Any student with a severe reaction (i.e. shortness of breath, facial swelling, difficulty swallowing) will be evaluated immediately by a health center provider. In the event of suspected anaphylactic reaction, appropriate intervention as outlined will be maintained.

4. At the time of the suspected anaphylactic reaction, the allergist office will be contacted to inform the allergist of the event, discuss planned acute management, and receive their recommendation regarding future allergy immunotherapy injections.
5. The student will be responsible for maintaining their prescribed schedule for injection as directed by their allergist.
6. The allergy nurse will document each injection on the *Allergy Record Flowchart* in patient's electronic health record (EHR).

The student's Allergist will:

1. Provide their name, address, fax number, telephone number and office hours.
2. Provide a clinical summary or skin allergy testing results.
3. Provide injection schedule, instructions for frequency and dosages.
4. Provide immunotherapy vials labeled with patient's name, strength and expiration date.
5. Provide the date and dosage of last immunotherapy injection.
6. Provide instructions for late or missed injections and a plan for modification of dose if patient is late or reaction occurs with previous injection.
7. Sign the *Allergist Informed Consent* form.

ATTACHMENTS: Guidelines for the Allergist letter
Allergist Informed Consent
Guidelines for the New Allergy Patient
Allergy Immunotherapy Instructions
Instructions for Signing Out Allergenic Extracts
Informed Consent to Receive Allergy Immunotherapy
Signing Out Allergenic Extracts



Student Health Services

Immunotherapy (Attachment 1)

GUIDELINES FOR THE ALLERGIST

To the Allergist:

One of your patients is requesting to receive allergy injections at our Student Health Services. Our nursing staff under the supervision of a healthcare provider, can administer the course of allergen injections according to your clinic instructions. In order to maximize patient safety, we request that you provide us with the following:

1. A signed UCF Student Health Services Allergist Informed Consent (attached) or a separate letter of authorization from the prescribing physician (allergist) to UCF Student Health Services
2. Patient clinical summary which should include the therapy that the patient is receiving and any high risk aspects of the patient's disease or patient's skin allergy testing results.
3. The physician's name, address, phone number, fax number and office hours.
4. The injection schedule to be followed including the date, dosage and reaction from the last injection received.
5. A plan for modification of the dosage if the patient is late for injection(s), or is having a local or systemic reaction.
6. Allergen vials clearly labeled with the patient's name, expiration date, type of allergen, and serum concentration.

We prefer that the patient delivers their allergy serum in person. If this is not possible, you may send the allergy extract to our facility by mailing it along with an ice pack, via overnight shipping to the address below. Do not mail on a Friday since we are closed on weekends.

**University of Central Florida
Student Health Services
Attn: Allergy Nurse
4098 Libra Drive, Bldg. 127
Orlando, Fl. 32816-3333**

Fax: (407) 823-3359
Phone: (407) 823-6305



Student Health Services

Immunotherapy (Attachment 2)

ALLERGIST INFORMED CONSENT

INFORMED CONSENT TO ADMINISTER ALLERGY INJECTIONS:

Date: _____

Patient Name: _____

Patient DOB _____

The above named patient is currently under my care and is receiving allergy immunotherapy. I authorize UCF Student Health Services to administer allergy injections as indicated on our record and order sheet. The patient will continue to follow- up with me as directed, as well as obtain allergy serum from our clinic.

MD Signature

Printed name of MD

Affix Clinic Address stamp



Student Health Services

Immunotherapy (Attachment 3)

GUIDELINES FOR THE NEW ALLERGY PATIENT

Thank you for considering us in continuing your allergy injections here at UCF Student Health Services. The checklist below will give you an idea of what information and consent forms are required before we can start your injections.

- Informed Consent form signed by your Allergist
- Clinical summary and/or allergy skin testing results
- Allergist's name, address, office hours, fax and telephone number
- Injection schedule, including the last time you received your allergy injection, and instructions on dosage and frequency
- Instructions for late or missed injections, local or systemic reactions, and a plan for modification of dose
- Vials labeled with your name on it, type of allergen, serum strength and expiration date
- Patient Informed Consent to receive allergy injections signed by you
- Release for signing out allergy extracts signed by you

To avoid the serum from being lost in the mail or exposed to heat, we ask that you hand-deliver them in a small ice cooler at your earliest convenience. As for the paperwork, it is acceptable to either mail or fax the forms to us, although delivering it in person is still the best route. Our **fax number**: 407 823 3359, ATTN: Allergy Nurse

If hand-delivery is not possible, the vials may be mailed along with an ice pack, via overnight FedEx, addressed to: UCF Student Health Services, ATTN: Allergy Nurse, 4098 Libra Dr., Bldg. 127, Orlando FL 32816-3333. **Please DO NOT mail on a FRIDAY since we are closed on weekends.**

If you are starting your allergy series for the very first time, it is mandatory that you receive your "initial" allergy shots at your allergist's office.

We do not mix allergy serum here and we do not have an Allergist in our clinic. You will need to continue your follow-ups and request for new allergy vials from your own Allergist.

Our Allergy clinic hours are every Monday, Tuesday, Wednesday, Thursday and Friday from 9:00-11:20 am and 1240-2 pm during the Fall, Spring and Summer semesters. Appointments can be made via phone: (407) 823 – 2701 or come to the Student Health Center to make an appointment in person.

For questions, please feel free to call the allergy nurse at **407-823-6305 or 407-823-1432**

Patient copy



Student Health Services

Immunotherapy (Attachment 4)

ALLERGY IMMUNOTHERAPY INSTRUCTIONS

1. Avoid rubbing or scratching the arms after injections.
2. Avoid vigorous exercise after injections (such as jogging, vigorous walking, gym workouts, etc.) 2 hours before and 2 hours after.
3. Bring an antihistamine medication (as recommended by your allergist) with you when coming for an injection as a safety precaution.
4. Although you may not experience any local reaction within the 30 minutes after injection, it is possible to react later in the day. If a local reaction occurs:
 - a. Take an antihistamine.
 - b. Record the time and size of the reaction (compare to coin size) and how long it lasts. If possible, take a photo of the reaction.
 - c. Report this to the nurse **BEFORE** receiving your next injection.
5. **Please wait in the designated allergy wait area for 20 minutes minimum after your injection(s).** Please notify the nurse if you experience any of the following:

<u>runny nose</u>	<u>wheezing</u>	<u>sneezing</u>	<u>coughing</u>	<u>eye irritation</u>	<u>anxiety</u>
<u>itching</u>	<u>nausea /vomiting</u>	<u>shortness of breath</u>	<u>facial swelling</u>	<u>flushing</u>	<u>nasal congestion</u>
<u>hives</u>	<u>rapid heart rate</u>	<u>"Pins & needles" sensations of the skin</u>			
6. If any of the above symptoms occur after you have received allergy injections and left the health center, take an antihistamine. If the symptoms continue or worsen, return to the Health Center or go to the nearest Emergency Room.
7. You **MUST** have the injection sites checked after 20-30 minutes by a nurse. If you leave without being released by the allergy nurse, you may not continue to receive additional injections at the Health Center. The first offense is the only offense. There are no exceptions to this policy.
8. The unpredictable nature of your immune system is the reason you are required to remain at the Health Center for 20-30 minutes following an injection.
9. If possible, try to schedule your injection times on the same day, at the same time each week. If you come in twice a week, follow your allergist's recommendation on the days allowed between injections.
10. For your safety, allergy injections will never be given without a Healthcare provider's presence in the facility.
11. Certain prescription medications for eye problems, headaches and blood pressure problems contain Beta Blockers. Beta Blockers can increase the sensitivity to allergens and also potentiate anaphylaxis. If you have been prescribed any such medication, it is **IMPERATIVE** you inform the nurse **BEFORE** receiving any allergy injections. List is available at UCF Student Health Services Allergy Clinic.
12. If you plan a vacation, camp or school change, please come to the Health Center to sign out your extracts. You are responsible for making arrangements to receive your injections while you are away from UCF. You must also keep the extracts refrigerated. Failure to do so may cause them to lose potency.



Student Health Services

Immunotherapy (Attachment 5)

INSTRUCTIONS FOR SIGNING OUT ALLERGENIC EXTRACTS

1. We recommend that you make arrangements to receive your immunotherapy at a medical facility while you're away from UCF. Systemic reactions can be unexpected and constitute medical emergencies. They are best handled by trained professionals. Some of your options for deciding on a facility include General Practice Doctors' offices, Allergists' offices, Pediatricians' offices, or free-standing medical clinics. Remember to ask about the charge for the service before receiving injections.
2. Keep your extracts refrigerated as continuously as possible. Each minute they are exposed to room temperature they lose potency.
3. Take a copy of your injection instructions and record sheet with you. It is your responsibility to insure that the health professional that administers your injections records the appropriate information accurately. This includes date, dosage, site, reaction and signature. This prevents delays in receiving your next injection when you return to the UCF Student Health Services.
4. If you are arranging to have new vials of serum made, you must bring them in person to the Student Health Services. If it must be mailed, it should be sent via overnight FedEx, and with an ice pack to keep the serum cold. New vials should be clearly labeled as to content, concentration, and expiration date. Vials should be numbered, lettered or color-coded to correspond with the physician's written instructions.
5. It is your responsibility to return your allergy serum and records to the Student Health Services when you return to school. Our Allergy clinic hours are every Monday, Tuesday, Wednesday, Thursday and Friday from 9:00-11:20 am and 12:40-2 pm during the Fall, Spring and Summer semesters.



Student Health Services

Immunotherapy (Attachment 6)

INFORMED CONSENT TO RECEIVE ALLERGY IMMUNOTHERAPY

I request to receive my allergy immunotherapy at the UCF Health Center and agree to its policies:

1. Our Allergy clinic hours are every Monday, Tuesday, Wednesday, Thursday and Friday from 9:00-11:20 am and 12:40-2 pm during the Fall, Spring and Summer semesters, by appointment only.
2. A student receiving allergy injections must remain in view of the nurse for a minimum of 20 minutes after receiving the injection. **You may not leave the allergy waiting area during the period of nursing observation.**
3. After the 20-30 minute observation period, the patient must have the injection sites evaluated by a nurse before leaving the facility. It is at the discretion of the allergy nurse to discontinue allergy immunotherapy if the patient leaves without the nurse checking and recording results, there are no exceptions to this policy.
4. It is the responsibility of the patient to sign out extracts and record copies during holiday absences and to return these materials upon returning to school.
5. It is the responsibility of the patient to pick up extracts at the end of the academic year. UCF Student Health Services DOES NOT mail extracts left in the Health Center.

I, _____, have read and fully understand the above statements.

I fully understand that the prescription and mixing of my serum, the content of my vials, the concentration of my serum and the dosage schedule are the responsibility of my private physician, Dr. _____, and I do not hold UCF Student Health Services responsible for these factors.

I understand my prescribed allergy treatment must be fully compliant with the policies and protocols of UCF Student Health Services in order to receive my injections in this facility and that the signature of a Student Health physician does not constitute endorsement or approval of the regimen prescribed by my private physician.

I have been given Allergy Immunotherapy Instructions sheets. I have read and understand this information and have been given the opportunity to ask questions.

Date: _____ Signature: _____

Witness: _____ PID _____

UCF SHS Physician Signature (Director, if allergist is out of state)
Chart Copy



Student Health Services

Immunotherapy (Attachment 7)

SIGNING OUT ALLERGENIC EXTRACTS

1. We recommend that you make arrangements to receive your immunotherapy at a medical facility while you're away from UCF. Systemic reactions can be unexpected and constitute medical emergencies and are best dealt with by trained professionals. Please consider using a General Practice Doctors' office, Allergists' offices, Pediatricians' offices, or free-standing medical clinics while away from UCF. Ask about the charge for the service before receiving injections.
2. Keep your extracts refrigerated as continuously as possible. Each minute they are exposed to room temperature they lose potency.
3. Take a copy of your injection instructions and record sheet with you. It is your responsibility to insure that the health professional that administers your injections records the appropriate information accurately. This includes date, dosage, site, reaction and signature. This prevents delays in receiving your next injection when you return to the UCF Student Health Services.

RELEASE FOR SIGNING OUT ALLERGENIC EXTRACTS.

I, _____ removed my allergy extracts and
(PRINT NAME)

Instructions /recording papers from the UCF Student Health Services in order to receive my immunotherapy while off campus. I fully understand it is my responsibility to continue my immunotherapy regimen, to store the extracts appropriately and to return the extracts and records upon my return to UCF.

Date: _____ Signature: _____

PID _____

Witness: _____

