



MARYMOUNT UNIVERSITY STUDENT HEALTH CENTER

2807 North Glebe Road ♦ Arlington, VA 22207 ♦ Phone (703) 284-1610

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The Marymount University Student Health Center (SHC) is available to assist you in the continuation of your allergy immunotherapy while you are away from home.

ALLERGY IMMUNOTHERAPY PROTOCOL

- Eligible students must begin each academic year with an appointment with a provider at the SHC.
- These appointments can be scheduled by calling (703)-284-1610.
- Allergy serum is to be **mailed directly to the student**.
- Prior to initiating immunotherapy, we require information from the student's private allergist, including: dosage instructions, history of past allergic reactions and a protocol for missed injections.
- The student should bring their allergy serum to be stored at the SHC, as well as his or her private allergist's printed protocol, to the first appointment.
- A provider will review the paperwork for completeness, review reaction symptoms with the student, and obtain baseline vital signs.
- Allergy injections will be administered in our office for a **fee of \$50.00 per semester**.
- Payment must be made by credit card, cash, or check prior to receiving immunotherapy injections

ANAPHYLAXIS

The providers in the SHC are trained in the recognition and treatment of anaphylaxis.

Emergency equipment, specifically epinephrine and injectable Benadryl, are available in the SHC. However, the SHC is not an emergency room. We do not have intravenous fluids or equipment to maintain an airway. Should an emergency occur, evaluation and treatment at the closest emergency room will be required.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND IF YOU HAVE ANY QUESTIONS PLEASE CALL OUR OFFICE.

- ♦ You are responsible for adhering to your private allergist's ordered schedule.
- ♦ The first dose of any new vials must be given by your private allergist.
- ♦ Due to the risk involved with immunotherapy, **you are required to wait for 30 minutes in our waiting room after an allergy injection.** You must check-in with the nurse prior to departure. If you are unable to wait the required 30 minutes, you may become ineligible to receive injections at the SHC.
- ♦ **We recommend you always carry self injectable epinephrine (SIE) and know how to use it.** If you need an SIE device or to review instructions for use, please notify one of the nurses.
- ♦ Most reactions to allergy injections are mild, but serious reactions may occur. Symptoms to include difficulty breathing, wheezing, hives and tightness in throat or chest are signs of a systemic reaction, or anaphylaxis, and immediate treatment with epinephrine 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 SIE device and call 911 if you believe you are experiencing symptoms of systemic reaction occurring after leaving the SHC. Please notify our office if you notice any other symptoms after receiving an injection.
- ♦ **To lower your risk of a systemic reaction, do not exercise for at least one hour after an allergy injection.**
- ♦ Throughout your allergy immunotherapy, please notify our staff if you have any medical changes, including: new medications, recent infections, worsening of allergy or asthma symptoms, or pregnancy.
- ♦ If a student has a systemic reaction to allergy immunotherapy, no additional allergy injections will be given by the SHC until the student is evaluated and cleared by his or her allergist. New written and signed orders from the allergist must be submitted to resume injections.
- ♦ The SHC is not responsible for any damage to serum should a power failure occur.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

I have a history of anaphylactic reactions to allergy shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a self injectable epinephrine device that I know how to use	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a history of asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have an inhaler that I use for asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have received steroids or ER care for asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and understand the allergy immunotherapy protocol and give permission for the Marymount University Student Health Center to administer my allergy injections as prescribed by my private allergist.

_____	_____/_____/_____
Patient's Signature	Date
_____	_____/_____/_____
Patient's Name (printed)	Patient's Date of Birth
_____	_____/_____/_____
Parent's Signature (if patient is a minor)	Date

Parent's Name (printed)	

AUTHORIZATION INFORMATION

I give permission for (patient's name) _____ to receive allergy injections at the Marymount University Student Health Center.

Provider Name	Provider Phone:
Provider Address:	

_____/_____/_____

Provider Signature **Date**