



**Student Health Center
800 West Campbell Rd, SSB 43
Richardson, TX 75080
Tel 972-883-2747
Fax 972-883-2069**

ALLERGY INJECTION POLICY

The University of Texas at Dallas Student Health Center (UTD SHC) is pleased to administer allergy injections to our students who are under immunotherapy regimen prescribed by their physicians.

Allergy injections are administered Monday through Thursday, 9:00 a.m.- 4:00 p.m. and Friday 9:00 a.m. – 3:00 p.m.

A fee of \$5.00 is charged for this service. If the student requires more than one injection, \$2.00 is charged for each additional injection. We require students to wait twenty minutes after each injection.

Local reactions are graded and managed according to UTD SHC policy. If a student sustains a systemic reaction, no additional allergy injections will be given at the UTD SHC until the student is re-evaluated by their private physician.

The Student Health Center **WILL NOT ACCEPT ALLERGY SERUMS AND MATERIALS BY UPS, FEDEX, OR USPS MAIL.** The UTD SHC is not responsible for mailed materials that are lost, unrefrigerated, or otherwise damaged. The student is responsible for hand carrying allergy materials to the Student Health Center.

The student is responsible for retrieving their serum and materials at the end of the academic year. The Student Health Center **WILL NOT MAIL** serum that has been left in the clinic.



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INSTRUCTIONS FOR SIGNING OUT ALLERGENIC EXTRACTS

1. We recommend that you make arrangements to receive your immunotherapy at a medical facility while you are away from UTD. Systemic reactions can be unexpected and constitute medical emergencies; they are best dealt with by trained medical professionals. Some of your options for deciding on a facility may include general practice doctor's offices, allergist's offices, pediatrician's office, and free standing medical clinics. Ask about a charge for the service before receiving injections.
2. Keep you 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 professional who administers your injections records the appropriate information accurately. This includes date, dosage, site, reaction, and signature. This prevents delays or setbacks in receiving your next injection when you return to the Student Health Center.
4. Students who are arranging to have new vials of serum made must bring them in person to the Student Health Center. **ALLERGY SERUM SHOULD NOT BE MAILED TO THE STUDENT HEALTH CENTER.** If it must be mailed, it should be sent to the student, who will bring it to the Health Center. New vials should be clearly labeled as to content, concentration and expiration date. The 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 Center when you return to school. This can be done during allergy injection times of 9:00 a.m. and 4:00 p.m., Monday through Thursday and Friday 9:00 a.m. through 3:00 p.m.



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ALLERGY INJECTION NOTICE

Since allergy injections contain substances to which you are allergic, they may cause allergic reactions. Most serious reactions to allergy injections occur soon after injections are received. For this reason, you must remain in the Student Health Center for 20-30 minutes after you receive your injection(s).

1. Your allergist remains responsible for your immunotherapy program. You must maintain continuing contact with your allergist, including face to face visits at least twice per year, and provide the SHC with documentation and recommendations from these visits.
2. **“Pre-medication”** is recommended prior to receiving allergy injections. Please take an antihistamine (i.e., Allegra, Claritin, Zyrtec) 1 hour prior to your injection(s). By doing so, the incidence of having an allergic reaction is decreased.
3. This policy is designed for your safety. If you choose not to take "pre-medication" prior to your allergy shots, we request that you sign an acknowledgement that you understand that we feel this is not the safest course of action.
4. Avoid strenuous exercise for at least one hour before and one hour after receiving your injection. Exercise can increase the rate of absorption of allergens and increase the risk of a serious reaction.
5. You **MUST** remain under observation in the Health Center for 20-30 minutes following your allergy injection(s). If you leave without being released by the nurse, you may not continue to receive additional injections at the Student Health Center. The first offense is the only offense. **THERE ARE NO EXCEPTIONS TO THIS POLICY.**
6. Report to the nurse immediately if you develop symptoms such as marked itching/swelling of the throat, nose, eyes, palms; hives, flushing, sneezing, runny nose, coughing, wheezing or difficulty breathing, tightness in your throat, lightheadedness or abdominal pain following an allergy injection. Such reactions can occur even if you have been receiving allergy shots in the past without problems.



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7. Systemic reactions can progress rapidly and can be life threatening. Control of these reactions can depend on how soon appropriate therapy is initiated. Therefore, report any symptom of a systemic reaction to the nurse or doctor immediately while you are in the SHC.
8. The Immune System is unpredictable and is the reason you are required to remain at the Student Health Center for 20-30 minutes following injections.
9. Avoid rubbing or scratching the arms after injections.
10. Although you may not experience any local reaction within the first 20-30 minutes following the injection(s), it is possible to react later in the day. An acceptable local reaction consists of redness, itching and swelling at the injection site less than the size of a quarter and lasts no longer than 24 hours.
11. If an excessive local reaction (swelling larger than a quarter) occurs after you leave the SHC, take an antihistamine. Repeat the dose in 4 hours if symptoms persist. Some antihistamines can make you sleepy, and you should avoid driving, operating equipment, etc. in such instances. Try applying ice to the swelling or taking non-prescription anti-inflammatory medication to relieve discomfort. Report any reaction including the size of actual swelling (not redness) and duration to the nurse at your next visit before your injection is prepared. If symptoms persist or worsen, go to the nearest emergency room.
12. If you have symptoms of a systemic reaction after you leave the Student Health Center, take an antihistamine and/or anti-wheezing (asthma) medication and return immediately to the Health Center or go immediately to any closer medical facility, such as emergency room or urgent care facility. Student Health Center hours are limited to M-Th, 8:00 am to 5:30 pm and Friday, 8:00am to 5:00 pm.
13. If your symptoms are severe, such as severe wheezing or struggling to breathe, severe swelling around your mouth or throat, feeling faint/impending loss of consciousness, shock, etc. or if symptoms are getting worse rapidly, **administer your Epi-Pen as instructed by your allergist and call 911 immediately.**



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14. If possible, try to schedule your injection times on the same day and same time each week. If you come in twice a week, you need at least one day between injections.
15. Allergy injections will never be given without the physician present in the facility. This is for your safety.
16. Certain prescription medication 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.
17. If you plan a vacation, camp or school change, please come to the Student Health Center to sign out your extracts. You are responsible for making arrangements to receive your injections while you are away from UTD. You must also keep the extracts refrigerated. Failure to do so may cause them to lose potency.



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STUDENT INSTRUCTIONS AND RESPONSIBILITIES

The student is responsible for hand-carrying serums to the Student Health Center. **SERUMS MUST NOT BE MAILED TO THE STUDENT HEALTH CENTER.**

The student is responsible for having the allergist complete and sign the 1) allergy injection policy, 2) the allergy injection therapy orders, and 3) ensuring the allergy serum vials are in compliance with the Student Health Center policy. **We will not administer injections from inadequately labeled vials or if physician's orders are missing or incomplete.**

The student is responsible for reading and understanding the allergy immunotherapy instruction sheet. The nurse will be happy to answer any your questions.

The student is responsible for arranging their own injections while they are away from school. **WE DO NOT GIVE STUDENTS SYRINGES TO GIVE THEIR OWN INJECTIONS.** There is a very real danger of a reaction and you must go to a medical facility to obtain your injections and wait 20-30 minutes, just as you do here.

The student is responsible for checking out their serums and a copy of their injection therapy logs during holiday periods and at the end of the academic year. **THE STUDENT HEALTH CENTER WILL NOT MAIL SERUM LEFT THE CLINIC.**

SERUM NOT PICKED UP WILL BE DISPOSED OF AFTER 30 DAYS.

Student's signature

Date



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ALLERGY INJECTION POLICY

STUDENT'S NAME _____ DOB: _____

TO THE ALLERGIST:

1. All vials must be clearly marked to correspond with the orders.
2. The contents of each vial to be used should be specified.
3. If the antigen vials are dated and there is not an expiration date, you must specify the expiration date.
4. The dosing schedule must be clearly indicated in writing, including the anticipated stable dose to be achieved.
5. **Specific orders for treatment of systemic reactions must be indicated.**
6. Specific instruction regarding the next dosage of antigen to be administered following a reaction must be indicated.
7. Specific instruction regarding the next dosage of antigen to be administered when regular schedule is not maintained (1 week, 2 weeks, 3 weeks, 4 weeks – missed) should be indicated.
8. **Orders should be signed by the physician anytime changes are made** (i.e., new vials, change in dose or frequency, and any lapse in treatment from our health center) and the physician address and telephone number indicated.
9. This form must be signed and returned to the Student Health Center before injection therapy can begin.

Saniya Naheed, MD
Director, Staff Physician
University of Texas at Dallas
Student Health Center

Acknowledgement: _____

Date: _____



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Name: DOB: UTD-ID#:
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Allergy Injection Therapy Orders

Vial#	Contents	Dosage(cc)/Route	Frequency	Expiration Date	Date of Last Injection

*****Allergy Injection Therapy Orders must be completed when checking in serum and anytime changes are made, including change in dose or frequency and when new serum received.*****

Please tell us the minimum number of days permissible between shots: _____

Adjustment for Reactions/Missed Injections: _____

Building (Series) Adjustments: _____

Maintenance Adjustments: _____



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Instructions for Local Reactions: _____

Instructions for Systemic Reaction: _____

Physician Name(printed)	Office Phone	Office Fax
Office Address:		
Office Hours:		

Physician Signature _____ **Date** _____