



# UNIVERSITY OF NOTRE DAME

University Health Services

**TO:** Notre Dame **Students** on Allergy Immunotherapy

**FROM:** Cindi Schwartz, RN, BSN  
Assistant Director, Clinical Operations

**RE:** Allergy Immunotherapy

University Health Services at the University of Notre Dame (located in Saint Liam Hall) is pleased to administer allergy injections to our students who are under an immunotherapy regimen prescribed by their private providers.

Our records indicate that you are either a new or returning student receiving allergy injections. To assure a standard of quality care, we ask for your cooperation. The continuation of your therapy at University Health Services requires specific instructions from your provider. It is imperative for us to have this information before we will provide care for you.

Please give your provider the enclosed letter and verification forms. You are responsible for obtaining the following from your provider prior to the beginning of each academic year.

- a. Date and dose of last injection.
- b. Vials that are labeled/coded with your name, contents of vial, dilution and expiration date.
- c. Single dose vials are to be numbered or dated.
- d. The UHS Allergy Immunotherapy Order Form that clearly states the recommended doses, interval of injections, route and site of administration.
- e. Instructions for missed/late injections, new vials and reactions.
- f. The provider's signature who is authorizing the therapy.
- g. Diagnosis for Allergy Immunotherapy care

IT IS YOUR RESPONSIBILITY TO BE CERTAIN THAT ALL THE INFORMATION REQUESTED IS WITH YOUR EXTRACTS WHEN YOU ARRIVE ON CAMPUS. INCOMPLETE INFORMATION MAY RESULT IN A DELAY IN TREATMENT.

You may bring in the extracts and instructions at your convenience and schedule your first appointment during the academic year online at <http://onlinestudenthealth.nd.edu>. Please note however, that allergy injections are given by appointment only.

For your initial injection of each academic year at Notre Dame, please make a 30-minute appointment. 15-minute appointments are sufficient after this. It is **MANDATORY** for you to remain in our clinic for 30 minutes after each injection, therefore the total time you will spend in our clinic may be an hour. Non-compliance will result in termination of services at our clinic.

If you or your provider has any questions regarding our policy and procedure for allergy injections at University Health Services, please call us at 574-631-7497.



UNIVERSITY OF  
NOTRE DAME

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**TO:** PROVIDER Prescribing Allergy Immunotherapy to Notre Dame Student

**FROM:** Cindi Schwartz, RN, BSN  
Assistant Director, Clinical Operations

**RE:** Allergy Immunotherapy

University Health Services, at the University of Notre Dame, provides the service of administering allergy injections to those students who are presently being treated by an Allergist. We will NOT be responsible for skin testing, the initial dose for new patients or those resuming therapy after an extended delay in treatment.

The administration of extracts is based on our UHS Immunotherapy Order Form prior to the beginning of each academic year. The continuation of therapy requires specific instructions. The following criteria are necessary:

- A. Date and dose of last injection.
- B. Vials that are labeled/coded with patient name, contents of vial, dilution and expiration date.
- C. Single dose vials are to be numbered or dated.
- D. Guidelines that clearly state the recommended doses, interval of injections, route and site of administration. When injections can be given more than once a week, please note specific time frame between doses.
- E. Dosage adjustment instructions for missed/late injections, reactions and ordering new vials. Please note if local reaction is defined by size of induration and/or erythema.
- F. A provider's signature authorizing the therapy.
- G. Diagnosis for Allergy Immunotherapy care.

INCOMPLETE INFORMATION WILL RESULT IN A DELAY IN TREATMENT

Injections will be given only when a provider is on the premises. All patients will be expected to remain in our clinic for 30 minutes following the injection(s). Any significant reaction and its treatment will be reported to you.

If the patient has had a previous systemic reaction, please share that information with us.

Optimum results of therapy depend on patient compliance plus clear and concise guidelines from you. Please complete our UHS Allergy Immunotherapy Order Form to allow standardization for all students in our clinic. Together we can provide the best possible patient care.

Should you have any questions regarding our policy and procedure for allergy injections at University Health Services, please feel free to contact us at 574-631-7497.



**INFORMATION FOR PATIENTS RECEIVING ALLERGY IMMUNOTHERAPY**

1. Allergy injections are given by appointment only and can be scheduled online during the academic year at <http://onlinestudenthealth.nd.edu> or by calling 574-631-7497.
2. A pre-therapy questionnaire will be completed at each visit before any allergy injections are given. Any problems from previous injections, present day illnesses, asthma exacerbation/symptoms or the use of Beta-blocker medications will be addressed.
3. You are expected to wait in University Health Services (UHS) for 30 minutes following the injection(s), and report any reactions that occur:
  - a. LOCAL: may consist of redness, itching and/or swelling at site of injection
  - b. SYSTEMIC OR GENERALIZED: Report any distress **IMMEDIATELY**. Symptoms may include, but are not limited to hives, tightness in chest, coughing, wheezing, excessive sneezing, itching, extreme redness in face and/or eyes, nausea, dizziness, headache or fainting.
  - c. Any questions please check with the nurse.
4. A copy of your injections schedule will be provided upon request.
5. Your serum is stored in a temperature monitored refrigerator in the UHS department. Expired serum will always be discarded. Unless you are receiving injections at UHS over the summer months, all unclaimed serum will be discarded after July 1. UHS does not mail out serum. Allergy medical records are maintained at UHS according to State of Indiana law.
6. Non-compliance with instructions given will result in the discontinuation of your allergy injection(s) at University Health Services.

I have read the above information and acknowledge its contents.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

