



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

**FROM:** Mary Ellen McCaslin, RN, BSN  
Assistant Director, Clinical Services

**RE:** Allergy Injections

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 physicians.

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 this therapy here at University Health Services requires specific instructions from your physician. It is imperative for us to have this information before we will provide care for you.

Please give your physician the enclosed letter and verification forms. You are responsible for obtaining the following from your physician:

1. Date and dose of last injection.
2. Vials that are labeled/coded with your name, contents of vial, dilution and expiration date.
3. Single dose vials are to be numbered or dated.
4. Guidelines that clearly state the recommended doses, interval of injections, route and site of administration.
5. Instructions for missed/late injections, new vials and reactions.
6. The physician's signature who is authorizing the therapy.

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. Saint Liam Hall is open 24 hours a day. Please note however, that allergy injections are given by appointment only and a physician must be in the building.

For your first injection, please make a 1 hour appointment. It is MANDATORY for you to remain in our clinic for 30 minutes after each injection. Non-compliance will result in termination of services at our clinic.

If you or your physician has any questions regarding our policy and procedure for allergy injections at University Health Services, please feel free to contact the allergy nurse at (574) 631-3738.



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

**FROM:** Mary Ellen McCaslin RN, BSN  
Assistant Director, Clinical Services

**RE:** Allergy Injections

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 the guidelines that you send to us. The continuation of therapy requires specific instructions. The following criteria are necessary:

1. Date and dose of last injection.
2. Vials that are labeled/coded with patient name, contents of vial, dilution and expiration date.
3. Single dose vials are to be numbered or dated.
4. 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.
5. Dosage adjustment instructions for missed/late injections, reactions and new vials. Please note if local reaction is defined by size of induration and/or erythema.
6. A physician's signature authorizing the therapy.

INCOMPLETE INFORMATION WILL RESULT IN A DELAY IN TREATMENT

Injections will be given only when a physician 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. 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 the allergy nurse at (574) 631-3738.



### INFORMATION FOR PATIENTS RECEIVING ALLERGY INJECTIONS

1. Allergy injections are given by appointment only and can be scheduled by calling (574) 631-3738.
2. To assure you optimum results of your therapy, you are responsible for obtaining the information we require and to follow the schedule provided by your Allergist.
3. It is important to inform the nurse if you have any current health problem or if you had any reaction to your previous injections.
4. Avoid strenuous exercise 1 hour before and after your injection(s).
5. You will NOT receive an injection if you:
  - a. Had a fever of 100 degrees or more in the past 24 hours.
  - b. Are acutely ill.
  - c. Have severe asthma or hay fever symptoms.
  - d. Had an immunization (excluding influenza vaccine) in the past 24 hours.
  - e. Have any swelling remaining from the previous injection.
  - f. Are taking any beta blocker medications.
6. 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 not limited to, hives, tightness in chest, coughing, wheezing, excessive sneezing, itching, extreme redness in face and/or eyes, nausea, dizziness, headache or fainting.If you have any questions please check with the nurse.
7. A copy of your injection schedule will be provided upon request.
8. Your extract is stored alphabetically in the refrigerator in the allergy clinic. The Allergy Nurse will work with you to order and obtain new extract. Expired serum will be discarded. *Unless you are receiving injections at UHS in the summer, all unclaimed serum will be discarded after July 1.*
9. 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.

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Printed Name

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Patient Signature

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Date