



University Health Services strives to provide care needed by our student patients in the safest way possible. Your assistance with this goal is not only required but also greatly appreciated.

Our Allergy Clinic now serves over 100 student patients referred by over 70 different allergy specialists. Each allergy specialist has a unique order form they use in their office. Navigating over 70 different forms is very challenging. It can be confusing and has significant potential for error. Therefore, to maximize the safety margin for the student patients, our clinic has developed our own allergen immunotherapy order form that we will utilize for every student patient in our allergy clinic. We will continue to document the administration of injections on your office forms, but the order form will look the same for all allergy immunotherapy student patients.

In order for student patients to receive allergy immunotherapy at the UHS Allergy Clinic, we **require** the following:

- 1) Every student patient's initial injection(s) must be performed at their Allergist's office.
- 2) We will not mix or dilute any extracts; this must be done by the prescribing allergist. We will store extracts in the Allergy Clinic in a temperature monitored refrigerator.
- 3) Each vial must be clearly labeled with:
 - a. Patient's name
 - b. Patient's date of birth
 - c. Name of the antigen(s)
 - d. Dilution
 - e. Expiration date
- 4) **We prefer you to complete our University Health Services Allergen Immunotherapy Order Form and return to the Allergy Clinic prior to a student patient receiving injections. This will allow all student to have similar documents for safety purposes.**

Please do not return our form with "see attached" which then refers to the same allergy serum order form you currently use.

We appreciate the extra work your office will perform as this will help us maximize safety and assist you in the overall care of the patients you have entrusted to us while away at college.

Sincerely,

University Health Services



University Health Services

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

FROM: Molly Kelly 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 in your [patient portal](#). 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

University Health Services

INFORMATION FOR PATIENTS RECEIVING ALLERGY IMMUNOTHERAPY

1. Allergy injections are given by appointment only and can be scheduled online during the academic year in your [patient portal](#) 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

