



May 1, 2020

Dear Student,

West Virginia University Student Health is happy to assist with the administration of your allergy immunotherapy. In order to assure that your allergy injections are administered with your safety as our highest priority, we do have specific requirements that need to be addressed.

Enclosed you will find an outline of our policies and procedures, a consent form, and a standardized physician's order form. Please take the time to familiarize yourself with our processes, as this will allow you to have the most efficient experience within our clinic. All forms are to be completed and signed prior to the administration of the allergy serum.

We thank you for choosing WVU Student Health, and we look forward to providing you with the high-quality care that you deserve. Should you have any questions or concerns, please feel free to contact our office.

Sincerely,

Carmen N. Burrell, DO
Medical Director, WVU Student Health
390 Birch Street
Morgantown, WV 26506
Phone: 304-285-7200



WVU STUDENT HEALTH SERVICES ALLERGY INJECTION PROCESS AND PROCEDURES

Please call 304-285-7200 to schedule allergy appointments.

Required Information:

- Physician's order form
- Consent form
- Dosage schedule

Physician's Order:

We must have a written order from your physician stating the dosage schedule and expiration date for each bottle of allergy serum. Your physician's signature must accompany your instructions for administration. Injections will not be given if instructions are inadequate. If problems develop that are not answered by the information you give us, you will be asked to contact your physician for further instructions and will also need to reschedule your appointment for another time.

Procedure:

1. Complete the Allergy Injection Consent Form and Allergy Injection Order Form which must be submitted by the student and current allergist to receive allergy injections.
2. You must schedule an appointment with a physician at WVU Student Health **annually**. This will allow the physician to review your history, your allergist's orders, and place orders for nursing staff to administer your injection for the remainder of the year. Please allow sufficient time if you wish to receive your injection immediately following that appointment. Subsequent allergy visits should be scheduled with the nurse.
3. Make time in your schedule so that you will be able to wait at least 30 minutes after your injection. This is for your protection. Report a reaction to a nurse as soon as you suspect it. If an immediate reaction should occur, medical care is then immediately available to you. **IF YOU ARE UNWILLING TO WAIT FOR 30 MINUTES AFTER YOUR INJECTION, WE WILL NOT ADMINISTER YOUR VACCINE.**
4. **Test dose (the first dose out of any new vials) must be administered at the allergist office.** WVU Student Health will not administer the initial dose, and will not proceed with allergy injections if the patient fails to receive the test dose at the allergist's office.

Missed dose:

If you are late for your injection and your allergist needs to be contacted for further dosing instructions, you will need to reschedule your appointment. Please allow a 24-hour grace period, as this order will need to be signed by your allergist and faxed to student health.



Storage: Allergy patients may store allergy vials in the clinic refrigerator; however, WVU Student Health Services cannot be responsible for missing or damaged vials. Ordering new allergy serum is the responsibility of the patient. Please have the vials sent to you directly. Allergy vials should not be mailed to WVU Student Health and our clinic will NOT accept any allergy vials mailed directly to us. This is for the protection of the patient and stability of the serum.

Please be aware of reactions that may occur following an allergy injection:

LOCAL (occurring at the site of the injection)

- Itching
- Redness
- Swelling

SYSTEMIC (felt all over)

- Shortness of breath
- Dizziness
- Hives

Reactions may be immediate, usually occurring in the first 15 minutes after an injection. Report a reaction of this type to a nurse as soon as you suspect it. Or, reactions may be delayed, occurring 12-24 hours after the injection. Report reactions of this type to a nurse before you receive your next injection. We want you to receive your allergy injections as safely and efficiently as possible. Take an active part in your care.

We do not perform allergy skin testing or combine allergy extracts for a single injection. Students must take their allergy extracts with them when they leave for summer break. Any extracts left behind that have expired will be discarded.



**WVU STUDENT HEALTH SERVICES
ALLERGY INJECTION CONSENT FORM
*TO BE COMPLETED BY ALLERGIST & STUDENT**

NAME: _____ **STUDENT ID#** _____

VERIFICATION CRITERIA

1.) The prescribing physician must verify, by signature, the following:

- Above named patient has never had a serious systemic or anaphylactic reaction to this immunotherapy.
- This patient will receive test doses at allergist's office.
- This patient is not on beta-blockers.
- This patient is not on steroids.
- This patient has no major medical conditions that would be expected to reduce the ability to survive a systemic reaction.

2.) The prescribing physician will provide the following:

- The serum to be administered labeled with patient's name, contents, dilution, and the expiration date.
- The administration schedule must clearly state: dose, interval, clear instructions for dose adjustment due to missed/late doses and local reactions.
- I have reviewed and understand WVU Student Health Service protocol for allergy injections (see attached protocol):

Prescribing physician (print): _____

Office phone #: _____

Physician's signature: _____

Date: _____

INCOMPLETE INFORMATION WILL DELAY TREATMENT

I have read and understand the limitations above along with WVU Student Health's allergy injection protocol and procedures. *Your signature confirms your agreement with the above and serves as your consent for injections to be given at WVU Student Health Services according to our protocol.*

Signature of student: _____

Date: _____

**WVU Student Health Services
390 Birch Street
P.O. Box 6894
Morgantown, WV 26506**