Susquehanna University Allergy Injection Policy

The Susquehanna University Student Health Center offers an allergy injection service for students receiving immunotherapy ordered by their private allergist. Registered nurses are available to administer injections, coordinate care within the student health clinic, and consult your allergist as needed.

Allergy injection students must currently be under the care of an allergist. A minimum of an annual visit to your private allergist is required. If you are starting the first vial of any allergy injection, you must receive the first dose from your allergist. Susquehanna University nursing staff will NOT administer the first dose of any new allergy vial.

To utilize this service, please observe the following steps:

1. Before you arrive at Susquehanna University, obtain the following from your allergist:
   - **Current vials** - clearly labeled with:
     - Student’s name
     - Contents
     - Strength
     - Expiration date of each vial
   - **Injection schedule** - clearly indicating:
     - Student’s name
     - Prescribing physician’s name, address, phone, and fax contact information
     - The extract to be used
     - Contents and strengths of extracts
     - Dosage and frequency of injections
     - Instruction of treatment and dose adjustments for reactions
     - Instructions for dose adjustments for missed or late shots
     - Date and reaction of last dose administered
     - Copy of this policy and procedure reviewed and signed by your allergist

2. All allergy injection patients will require an allergy consult appointment with the nursing staff before you receive your first injection. Once you have arrived at school, call the Student Health Center at 570-372-4385 to schedule your allergy consult appointment. This appointment will take approximately 20 minutes with the nurse who will prepare your allergy chart and review your allergy information. You will be asked to sign a release of medical information and the allergy injection policy. Allergy injections will not be provided at this time. Please bring all vials, schedules, and instructions when you arrive for this initial allergy consult appointment.

3. The student is responsible for scheduling appointments, providing current instructions, schedules, and allergy extracts to the Student Health Center. Students are also responsible for adhering to their schedule. Except in case of illness, please make every attempt to come for the regularly scheduled injections for the best possible results of your treatment. Students who have missed two or more scheduled appointments may not be eligible for this service.
4. Allergy injections are only given when our physician or CRNP are present at the Student Health Center.

5. A thirty (30) minute wait is MANDATORY due to the possibility of a serious reaction. All students must remain in the reception area until the injection sites are checked by a nurse. There are no exceptions to this wait time.

   This is in accordance with new guidelines published by the Joint Council of Allergy, Asthma, and Immunology stating patients receiving allergy immunotherapy should remain at the Student Health Center for (30) minutes following an injection. Most reactions (70%) resulting from immunotherapy occur within (30) minutes of an injection, therefore all allergy immunotherapy patients should remain in the Student Health Center for at least thirty (30) minutes.

6. Notify the nurse/staff during your waiting period if you experience any of the following symptoms:
   - Shortness of breath
   - Wheezing
   - Coughing
   - Generalized itchiness
   - Hives
   - Facial swelling
   - Flushing
   - Dizziness
   - Nasal congestion or sneezing

7. You will be notified when the allergy extract is low. It is your responsibility to reorder and obtain replacement allergy extract. Remember, the first injection of each vial must be given at your allergist office. Allergy extracts must be hand carried or mailed directly to you, not to the Student Health Center.

8. You are responsible for informing the allergy clinic staff of any changes in address, phone number, health conditions, or allergy information.

9. Vials need to be picked up from the Student Health Center prior to leaving for Winter Break and at the end of the Spring semester. Vials left at the Student Health Center will be discarded.

10. Delayed reactions are possible. Persistent or severe symptoms require immediate medical attention by calling 911 or by contacting Public Safety at x 4444. For mild symptoms, take an antihistamine as advised by your allergist (Allegra, Benadryl, Claritin or Zyrtec.) Report any delayed reaction to the nurse BEFORE any additional injections.

11. It is recommended to wait (48) hours before or after any allergy injections before receiving any other type of immunizations, such as flu vaccine.

12. Avoid vigorous exercise (jogging, gym workouts, etc.) at least one hour, preferably two, before and after injections.
Student:

I have read and understand the Susquehanna University Allergy Injection Policy:

Print Student’s Name:_________________________________________________________

Student’s Signature:_________________________________________ Date:____________

To the Allergist:

I am aware and agree to the Susquehanna University Allergy Injection Policy for my patient, (please print patient’s name)

Physician’s Name:_________________________________________________________

Address:______________________________________________________________

State:_______________________________________________________________

Phone:__________________________ Fax:__________________________

Physician's Signature:_________________________________________ Date:____________

--- cut along dotted line ---

ALLERGIST: Please detach and place in patient’s chart in allergist’s office

While ____________________________ (please print patient’s name) is away from home attending Susquehanna University, their immunotherapy will be assisted by the Susquehanna University Student Health Center.

Contact Information:
Susquehanna University Student Health Center
514 University Avenue
Selinsgrove, PA  17870
(570) 372-4385 phone
(570) 372-2729 fax

Hours:
Monday thru Friday – 8am-5pm (closed 12-1pm for lunch)