



TRI STATE  
**COMMUNITY CLINICS**  
LLC

*Real Health, Real Return*

University of Evansville Health Center

## **Immunotherapy Checklist for Allergy Patients**

- \_\_\_\_\_ I have read and signed the “Student Instruction and Responsibilities” form.
- \_\_\_\_\_ I have signed the Program Services Utilization Policy Statement.
- \_\_\_\_\_ I have a copy of the “Dear Allergist” letter for my allergist.
- \_\_\_\_\_ I have completed the “Campus Contact” information sheet.
- \_\_\_\_\_ I have a blank copy of the form entitled “Immunotherapy Orders” to have my allergist complete.
- \_\_\_\_\_ My allergist has completed the “Anaphylaxis Emergency Action Plan” and renewed my prescription for epinephrine. (i.e., EPI pen).
- \_\_\_\_\_ I have returned the “Student Instruction and Responsibilities”, “Campus Contact Information Sheet”, and “Immunotherapy orders” to the Student Health Center.
- \_\_\_\_\_ I have made arrangements to deliver my allergy serum to the Health Center and have scheduled my first immunotherapy appointment by calling, 812-488-2033.



## Allergy Injections-Student Instructions and Responsibilities

1. The student is responsible for providing his/her allergist with the enclosed packet and making sure it's completed by his/her physician and returned to the University of Evansville Health Center. The packet advises the allergist that Tri State Community Clinics, LLC (TSCC) has one standardized form for orders which needs to be completed and signed by the allergist. **We only accept allergist's orders on the TSCC Immunotherapy Order form. We will not administer injections from inadequately labeled vials or if a physician's instructions are missing or incomplete.** If a student has a history of severe reactions, TSCC reserves the right to refuse to administer the injections in our clinic. (The student will be referred to a local allergist or primary care provider.)
2. The student is responsible for reading and understanding the Allergy Immunotherapy Instructions.
3. The student is responsible for arranging his/her own injections while he/she is away from campus.
4. The student is responsible for checking out his/her serum and a copy of his/her record during holiday periods and at the end of the academic year.
5. The student is responsible for ordering antigens from his/her allergist and bringing antigens to the Health Center if mailed to the student.
6. I understand that TSCC requires all patients to have an Epi Pen **with them** in order to receive their allergy injections.
7. The student is responsible for making appointments at the Health Center for his/her injections at least 24 hours before the injection is due by calling 812-488-2033. Please read, **SIGN** and return the instructions sheet, along with orders from your allergist to the Health Center.
8. The Health Center will store your serum, however, **we are not responsible for loss or damage to allergy serum due to power failure or other causes.**
9. I understand that I must stay on site at the Health Center for at least 30 minutes after Immunotherapy has been administered. Additional time may be required and is at the Nurse Practitioner's discretion. Failure to comply will result in loss of privileges at the Health Center to receive Immunotherapy services.

I have read the above and agree to comply with the above policy:

Student's signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Immunotherapy Program Services Utilization Policy**

Health services at the University of Evansville Health Center are provided by staff with advanced education and professional experience. Due to the high demand for health services and the limited number of appointments available for immunotherapy, should you be unable to attend an appointment, please call ahead of time to cancel or reschedule. If you forget an appointment, it is imperative to notify the Health Center within 24 hours to continue your immunotherapy regimen safely. If you fail to call and miss two injection appointments in a row, or if you miss a number of intermittent injection appointments throughout the term, we may no longer be able to administer your immunotherapy regimen in accordance with your allergist's guidelines. In addition to utilizing our time well, regular attendance at your immunotherapy appointment is important in order for you to progress with your therapy safely. Also, time scheduled and then not used by one student prevents another student from having that appointment time. In the event you become ineligible for services, we will refer you to an allergist in the area where you may arrange to continue receiving your immunotherapy.

*I certify that I have read and understand the above Health Center Immunotherapy services Utilization Policy and hereby consent to treatment consistent with the guidelines and limitations described therein.*

***I also understand that I have the right to withdraw this consent at any time.***

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

(expires at end of current academic year)



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**University of Evansville Health Center**

Sampson Hall

1800 Lincoln Ave.

Evansville, IN 47714

**Phone:** 812-488-2033

**Fax:** 812-488-1052

**healthcenter@evansville.edu**

**<https://www.evansville.edu/offices/healthcenter/>**

Dear Allergist:

Your patient is a student at the University of Evansville. The patient is requesting that we administer his/her allergy injections while a student here. In order to lessen the confusion of multiple practitioner's guidelines and to maintain quality care, we are providing you with forms for your immunotherapy orders. Copies of these forms are enclosed. Tri State Community Clinics' Immunotherapy treatment record will be the only treatment record sent to you when new serum vials are requested.

The Health Center on the University of Evansville Campus is staffed and operated by Tri State Community Clinics, LLC (TSCC). The University of Evansville Health Center is staffed by Nurse Practitioners, Registered Nurses and medical assistants who are all under the supervision of R. Chad Perkins, MD, Chief Medical Officer of TSCC. If you require that a physician be present during allergy injections, please indicate on the Physicians Immunotherapy order form by checking the appropriate box.

We will follow our anaphylaxis protocol for treating reactions both local and generalized, to ensure appropriate treatment during a potential emergency. If a systemic reaction occurs, after preliminary emergent care, the student will be transported by EMS or Security to a local Emergency Department.

Please review and complete the enclosed forms with your orders for this student. The student should return the forms to the Health Center before they require their first injection or they can be faxed to 812-488-1052. Please feel free to call the Health Center with any questions.

Sincerely,

University of Evansville Health Center

Tri State Community Clinics



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**CAMPUS CONTACT**

Sampson Hall

1800 Lincoln Ave.

Evansville, IN 47714

(812) 488-2033

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**Please print your local information clearly in case we need to contact you.**

Name: \_\_\_\_\_

Campus Address/ Residence Hall : \_\_\_\_\_

UNIT # \_\_\_\_\_ ROOM: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Campus Phone: (if applicable) \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Campus Email: \_\_\_\_\_



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# University of Evansville Health Center

## IMMUNOTHERAPY ORDERS– Part I

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Allergist: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Office Stamp:

Diagnosis: (include all significant diagnosis(es) for which student is receiving immunotherapy)

\_\_\_\_\_  
\_\_\_\_\_

How long has patient been receiving immunotherapy? \_\_\_\_\_

Has the patient had previous significant local or systemic reactions to antigen(s)? Yes  No

If yes, give details of reaction/treatment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (drug/other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# IMMUNOTHERAPY ORDERS

## PHYSICIAN'S ORDERS– Part II

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Check here if you require that a physician be on site when immunotherapy injections are administered.  
 A Nurse Practitioner is always present when injections are administered.  
*(If you require a physician on site it will limit the available appointment times for the student.)*

	VIAL #1 Contents	VIAL #2 Contents	VIAL #3 Contents	VIAL #4 Contents	VIAL #5 Contents	VIAL #6 Contents
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	Expiration Date	Expiration Date	Expiration Date	Expiration Date	Expiration Date	Expiration Date
	_____	_____	_____	_____	_____	_____
	Interval	Interval	Interval	Interval	Interval	Interval
	_____	_____	_____	_____	_____	_____
	Maintenance Dose	Maintenance Dose	Maintenance Dose	Maintenance Dose	Maintenance Dose	Maintenance Dose
	_____	_____	_____	_____	_____	_____
<b>Dose #</b>	Date given and initials	Date given and initials	Date given and initials	Date given and initials	Date given and initials	Date given and initials
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

Instructions for missed dose:

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Instructions for local reaction:

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Physician (print name): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

*required*



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## ANAPHYLAXIS EMERGENCY ACTION PLAN

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

ASTHMA:  YES  NO

OTHER HEALTH PROBLEMS BESIDES ANAPHYLAXIS: \_\_\_\_\_

CURRENT MEDICATIONS, IF ANY: \_\_\_\_\_

### Symptoms of anaphylaxis include:

Mouth: itching, swelling of lips or tongue

Gastrointestinal: vomiting, cramps, diarrhea,

Throat: itching, tightness/closure, hoarseness

Lungs: shortness of breath, coughing, wheezing

Skin: itching, hives, redness, swelling

Heart: weak pulse, dizziness, syncope

*Systemic reactions can occur without local reactions. Also, local reactions DO NOT indicate increased risk for serious systemic reaction. Observe injection site and record any reaction. Slight swelling or indurations (<25mm) is normal, often surrounded by pink flare and mild itching.*

### For local reactions **WITHOUT** evidence of systemic reaction TSCC staff will:

- 1) Apply ice pack
- 2) Apply topical steroid cream
- 3) Can administer oral diphenhydramine and/or cetirizine if patient hasn't pretreated. (Patient can pretreat on subsequent visits with oral antihistamine.)
- 4) May require future dose adjustments: Follow guidelines on patients allergy flow sheet or call the Allergist for further instructions.

### For other reactions TSCC staff will:

- 1) Most severe, systemic reactions will occur in the first 30 minutes. Symptoms may include itching of any part of the body, hives, swelling, runny nose/eyes, coughing, wheezing, shortness of breath, light headed or dizzy, and/or "feeling impending doom".
- 2) At the first sign of a **SYSTEMIC REACTION**, place patient in trendelenburg position and apply tourniquet above the injection site (3 min on and 1 min off) and inject epinephrine IM
- 3) Call 911 and UE Security immediately.
- 4) Administer oral 30mg Prednisone and 25mg oral diphenhydramine, add 10mg oral cetirizine if not pretreated.
- 5) If wheezing or coughing, administer albuterol treatment via nebulizer.
- 6) Maintain airway and be prepared to initiate basic life support while awaiting EMS.

**AFTER A SYSTEMIC REACTION, PATIENT WILL BE REQUIRED TO BE EVALUATED BY AN ALLERGIST (PERSONAL OR LOCAL) PRIOR TO RECEIVING ADDITIONAL INJECTIONS AT THE HEALTH CENTER.**

Local Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #1: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, you authorize us to follow the action plan as outlined above. Should you have any questions, please call 812-488-2033. If you have specific instructions for a reaction with your patient, please fax the orders to 812-488-1052.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (Parent/Guardian for individuals under 18)

\_\_\_\_\_  
Date

*This form will remain on file at the Health Center. It is also recommended that you keep a copy for yourself, and review this emergency plan with friends/and or your roommate as well as emergency contacts listed.*