1.0 Allergy injections  
Policy effective 3/2011

**Allergy injections (Immunotherapy)**

Dillard University Student Health and Wellness Center is a general family practice clinic and therefore limited health care services are available. Immunotherapy injections may be administered in this center with the consent of the medical director and/or the advanced practiced registered nurse. Assumption of care will be at the providers’ discretion and ability in continuing immunotherapy in this health center.

The licensed medical personnel will only continue immunotherapy after the student has completed a minimum of two (2) vials of the immunotherapy with allergist. All adverse reactions will be sent forth to DU Student Health and Wellness Center for reference.

1.1 Risk of immunotherapy  
The risks of immunotherapy consist of the possibility of experiencing an allergic reaction to immunotherapy injections. Most allergic reactions consist of mild to moderate swelling and itching at the site of the injection. These reactions occur frequently, but rarely require any change in treatment. Less common allergic reactions are anaphylaxis. Anaphylaxis is most severe and can present as cough, chest tightness, wheezing, throat tightness and shock. In the event of an anaphylaxis reaction New Orleans Emergency Medical Service (EMS) 911 will be contacted.

1.2 Responsibilities  

I. The licensed medical personnel of DU Health and Wellness Center responsibilities:

1. Consultation with the students’ allergist regarding transferability of care.  
2. Verify release of liability and consent forms. It will be at the provider’s discretion to administer immunotherapy without parental consent.  
3. A list of the students’ allergens and adverse reactions.  
4. Be willing and able to provide allergen immunotherapy.  
5. Management of any immediate or delayed adverse reactions that may result from the immunotherapy by providing the following:  
   a. Access to EMS 911  
   b. High-flow oxygen  
   c. Liquid Benadryl
d. Epinephrine auto injector (Epi-pen)  
e. Blood pressure cuff  
f. Ice packs  

6. Monitor the student for 30 minutes for any adverse reactions.  
a. Check the injection site for any local reactions.  
b. After any local or systemic response notify the referring allergist office of the reaction.  

7. Allow 48 hour waiting period between allergy injection(s) and any vaccination of immunization.  

8. Do not administer immunotherapy if the student has a fever or wheezing. The student should be free of fever or wheezing for at least 24 hours before receiving immunotherapy.  

II. The student responsibilities:  

1. Signed consent releasing Dillard University, DU Health and Wellness Center and licensed personnel from any liability that may occur from receiving immunotherapy.  
2. Alert personnel to symptoms of adverse reactions immediately.  
3. Epinephrine auto injector (Epi-pen) on person (available) at all immunotherapy visits. The student must be able to demonstrate use of the Epi-pen before immunotherapy begins.  
4. The student will remain 30 minutes after last injection to be monitored for allergic response.  
5. Ice pack will be rotated to each injection site during monitoring period.  

III. Parent(s) responsibilities: (applicable if student is <18 years of age).  

1. The parent(s) will be advised of limited resources the DU Health and Wellness Center provides.  
2. Signed consent releasing DU, DU Student Health and Wellness Center and licensed medical personnel of any liability.  
3. Acknowledgement use of New Orleans Emergency Medical Services (EMS 911) for any anaphylactic responses, in addition to high-flow oxygen, liquid Benadryl, and use of Epi-pen.
IV. The referring allergist responsibilities:

1. Provide the immunotherapy.
2. Be available for any questions or concerns from Dillard University Student Health and Wellness medical providers.
3. Provide copies of medical records regarding allergens and adverse reactions.
4. Financial arrangements for purchase and shipping of the vaccine vials will be made through the allergist office.
5. Allergen vial will be labeled with the students’ name and date of birth.
6. Documentation record will accompany allergen vials.

1.3 Storage of the allergens

1. The allergen vials will be stored in the medicine cabinet or recommended temperature controlled area, labeled with the students’ name, DU identification number and date of birth.

1.4 Administration of the allergen

1. Hand washing or use of sanitizer before and after injections.
2. The use of non-sterile latex free gloves will be worn for injections.
3. An assessment of temperature, heart rate, respiratory and general presentation will be assessed before and after administration of the immunotherapy.
4. The allergen will be given subcutaneously with either an allergy syringe or tuberculin syringe with a 5/8 needle.
5. The area of injection will be monitored for any local or systemic adverse reaction.
1.5 Consent for immunotherapy

Consent for administration of immunotherapy

I ___________________________ release Dillard University, Dillard University Student Health and Wellness Center, and the licensed medical providers of any medical liability that may arise as a result of me receiving immunotherapy. I have been advised of Dillard University Student Health and Wellness Center policy regarding receiving continued immunotherapy. I have made the provider(s) aware of any adverse reactions which have occurred in the past from allergens. I will bring my Epinephrine auto injector (Epi-pen) with me at all immunotherapy visits and will remain for at least 30 minutes for monitoring after injections. New Orleans Emergency Medical Services (EMS) 911 will be the primary caregivers in the event of an anaphylactic response and I will be transferred to the nearest emergency room if needed. I understand all of the above and all of my questions and concerns have been answered by the providers. I wish to continue my immunotherapy at Dillard University Student Health and Wellness. I am aware that at any time the medical providers may discontinue service.

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Effective date 3/2011

2601 Gentilly Boulevard New Orleans, LA 70122 │ O: (504)816-4532 │ F: (504)816-4680
1.6 Parent consent for immunotherapy

**Parent Consent for Immunotherapy**

As the parent(s) or guardian of ______________________________ I/we authorized and consent to Dillard University Student Health and Wellness Center medical providers to administer immunotherapy to my child. I/we have been notified of the risks of receiving immunotherapy and therefore, I release Dillard University, Dillard University Student Health and Wellness Center, and the medical providers of any medical liability that may occur as a result of my child receiving immunotherapy. In the event of any anaphylactic reaction while receiving immunotherapy in Dillard University Health and Wellness Center I understand that New Orleans Emergency Medical Services (EMS) 911 will be utilized. I understand that my child’s allergist will provide the allergen for injection and instructions of administration. DU Student Health and Wellness Center will not be responsible for any ordering, shipping or making of the allergen for injection. At any time the medical providers of the center can discontinue service at any time.

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