



STAMPS HEALTH SERVICES

Allergy Injection Information

Phone: (404) 385-4995 Fax: (404) 894-6254 Website: www.health.gatech.edu

Allergy Clinic Hours of Operation: Monday, Tuesday, Wednesday, & Friday 8-3:00,
Thursdays: 9-3:00

Allergy Injection Transfer Information

Stamps Health Services requires you to have received at least 3 allergy shots from your allergist without having an adverse reaction before we will administer your allergy shots.

To transfer immunotherapy to SHS:

Complete the paperwork in this packet with your prescribing physician.

Bring, fax (404-894-6254), or mail (Att: Your Name, Stamps Health Services Allergy Clinic, 740 Ferst Drive, Atlanta, Georgia 30332) this paperwork with prescribing physician's immunotherapy orders, instructions, and pertinent health history to Stamps Health Services.

Call 404-385-4995 to make an allergy immunotherapy initiation appointment.

The nurse will review paperwork to ensure all requirements are in place to receive immunotherapy safely.

A file will be set up in our system for use and appointments can be made to receive therapy.

If you do not have an epi-injector prescribed from your allergist, one will be needed and must be with you to receive immunotherapy. A prescription can be obtained from you allergist or a provider at Stamps Health Services can write a prescription for an epi-pen.

All vials of allergy serum should be hand delivered to the staff in Travel, Immunization and Allergy Clinic by the student. Vials will not be accepted from a parent, sibling, friend, etc. These vials should be properly labeled with the student's name, date of birth, and the expiration date of the serum, along with the name of the prescribing allergist.

Other Instructions:

- The Student Health Fee included in your tuition covers most services you receive at Stamps Health Services (SHS). There is an additional allergy injection fee of \$100 per semester with a reduced fee of \$70 for the summer. This allows you to receive allergy injections as often as you need them for the duration of the semester. ***You will be charged the semester fee at your first allergy appointment.***
- All paperwork must be completed and submitted before injections will be given, including a copy of the Agreement Letter that has been signed by your allergist. All orders will be reviewed by one of the allergy nurses and you will be notified by phone or secure patient message if you need to collect additional or corrected information.
- Please make an appointment each time you come for an allergy injection. Make your appointment at the front desk, by phone or online at www.health.gatech.edu and be sure to select the Immunization and Allergy Department appointment option to make your online appointment. Allergy injection appointments may be made for the entire semester. Walk in appointments for allergy injections are discouraged and are not routinely available.
- Please remember that it is your responsibility to come to your appointments as frequently as your allergist recommends. If allergy injection appointments are frequently missed, you may be asked to discontinue injections at SHS at the discretion of the medical staff. You may be required to return to your referring allergist.



STAMPS HEALTH SERVICES

Allergy Immunotherapy Questionnaire

Name: _____ Date: _____

Birth Date: _____ GT E-mail: _____

GT ID #: _____ Phone Number: _____

1. Why are you receiving allergy shots? Seasonal Allergies Asthma Skin Allergies Other

If other please list: _____

2. How long have you been receiving allergy shots? _____

3. Have you ever had a systemic reaction requiring a visit to the ER or the use of an epinephrine injector?

No Yes Explain. _____

4. What allergies do you have (please include environmental, drug, food, latex)?

5. Please list **ALL MEDICATIONS you take** (to include prescriptions & over-the-counter) that you take:

6. Does your allergist require you to use a peak flow meter before receiving allergy injections? (If so you will need to purchase one before appointments begin.

No _____ Yes _____

7. Are you required to pre-medicate prior to receiving allergy injections? If so, with what?

No _____ Yes _____ Medication _____

8. Do you have any lung or heart problems? If so, please explain.



STAMPS HEALTH SERVICES

Allergy Immunotherapy Consent Form

I, _____ (patient's name) am presently under the medical supervision of Dr. _____ of _____.

Contact Information of Physician: _____

I relieve the Board of Regents of the University System of Georgia, Georgia Institute of Technology and all of their respective employees of all responsibility, direct and indirect, of all physical harm including, but not limited to, reaction(s), risk, hazard, and shock, incurred in the administration of allergy injections that have been specifically prepared and furnished to Stamps Health Services by the above named physician, and to be given as prescribed by the above named physician by the nursing staff of Stamps Health Services.

I will comply with the instructions of my prescribing physician and of Stamps Health Services while receiving immunotherapy treatment, including remaining at Stamps Health Services for 30 minutes after the injection in order for the site to be checked for reaction. I will seek medical help if I develop an adverse reaction after Stamps Health Services is closed at a local hospital or health care provider of my choice. I will have an epinephrine injector with me on the days of my allergy injections.

Patient Signature: _____ Date: _____

Patients under 18 years of age require the signature of a parent or legal guardian.

Parent or Legal Guardian Signature: _____ Date: _____

Allergy Injection Services Utilization Policy

Stamps Health Services at Georgia Institute of Technology strives to provide best practice care to all patients. Immunotherapy is by appointment only. After initial approval for service, appointments can be scheduled through the online portal or by calling 404-385-4995. It is recommended that students schedule their appointments as early as possible due to demand. If you are going to be late or need to cancel an appointment, call to reschedule. Missed appointments may result in ineligibility for service. Students who do not follow their prescribed dosing schedule will become ineligible for allergy injection services at Stamps Health Services.

If a patient experiences systemic reaction or difficulties in treatment that would be more appropriately addressed in a prescribing physician's office, Stamps Health Services will refer the patient back to their prescribing physician.

I certify that I have read and consent to the above Stamps Health Services' Policy:

Patient Signature: _____ Date: _____

Patients under 18 years of age require the signature of a parent or legal guardian.

Parent or Legal Guardian Signature: _____ Date: _____

Consent to Exchange of Medical Information

I give permission for Stamps Health Services to contact and exchange my medical records regarding immunotherapy with the prescribing physician.

Prescribing Physician: _____

Physician Contact information:

Patient Signature: _____ Date: _____

Patients under 18 years of age require the signature of a parent or legal guardian.

Parent or Legal Guardian Signature: _____ Date: _____



Dear Immunotherapy Provider:

Your patient, _____, is a student at Georgia Institute of Technology and is requesting that Stamps Health Services (SHS) at Georgia Tech administer their allergy injections while residing on campus.

The Allergy Clinic at Stamps Health Services provides allergy injections only, and we do not have an allergist on staff at our medical facility. You will continue to be responsible for the management of this patient's immunotherapy and for the modification of doses during therapy. All questions regarding this patient's immunotherapy treatment will be directed to you.

For a patient to receive allergy shots at SHS, they must already have received three allergy shots without incident (no significant reaction) in their allergist's office.

In order to maximize patient safety and decrease confusion, the prescribing physician must provide **written**, signed, and dated orders for the patient's immunotherapy. The orders should include:

1. Patient's name and date of birth on each page.
2. Pretreatment instructions (medication, peak flow).
3. Description of vial(s), dose, interval, route of administration, and schedule for escalation of dose.
4. Instructions for recalculation of dose if late to receive dose or if reaction to previous dose occurred.
5. Physician's office address, phone number, fax number, hours of operation, name of contact for questions

To facilitate communication between Stamps Health Services and the prescribing physician, a paper injection record should be included. This record should include space for patient's name and date of birth on each page, indication for immunotherapy, a description of each serum vial ordered which matches the information on the physical vial, date of injection, pretreatment necessary, interval of dose, dose given, reaction, and space for notes/repeat doses, contact information for physician's office.

Orders, Instructions, and Allergy Serum Vials must be transferred by the patient (if age 18 or older) to Stamps Health Services along with paperwork signed by the prescribing physician.

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 to a local Atlanta hospital. **If this patient has any systemic reactions to allergy injections at SHS, your office will be contacted.**

Immunotherapy is done by registered nurses trained in the administration in immunotherapy. Our physicians are in clinic while immunotherapy is being done and are certified in lifesaving treatment with access to medications and equipment necessary to care for a patient experiencing systemic or anaphylactic reaction until transfer to an emergency care facility nearby.

By signing these forms, I agree to work in conjunction with Stamps Health Services by following the guidelines outlined above to provide allergy injections to the above-named patient. I certify that this patient can safely receive injections outside of my office.

Patient Printed Name: _____ Date: _____

Prescribing Physician:

Physician name: _____

Physician Signature: _____ Date: _____

Phone No.: _____ Fax: _____

Address: _____

Hours Available: _____



Allergy Injection Agreement

In order to receive allergy injections at SHS, you must agree to abide by the following guidelines. By initialing the following statements you are agreeing to follow these guidelines at every appointment.

(Please initial each statement below)

___ I will follow the orders of my prescribing allergist and Stamps Health Services. If I do not, Stamps Health Services will not administer immunotherapy.

___ I will bring my epinephrine injector with me to every appointment for an allergy injection.

___ Certain prescription medications for eye problems, headaches and blood pressure problems contain beta-blockers. Beta-blockers can increase the sensitivity to allergens and also potentiate anaphylaxis. I will inform the nurse of all medications that I am prescribed or am taking.

___ I will stay in the building for 30 minutes after receiving allergy injections. **There are no exceptions to this policy.** It is my responsibility to tell the nurse if I will not be able to stay for 30 minutes **PRIOR** to receiving injections so my appointment can be rescheduled.

___ I understand that I should avoid exercise 2 hours before and 2 hours after injections, such as jogging, vigorous walking, gym workouts, etc.

___ While waiting to have my injection sites checked, I will notify the nurse if I experience any of the following symptoms: *runny nose *itching *shortness of breath *nasal congestion *wheezing *flushing *facial swelling *pins-and-needles sensation of the skin *sneezing *hives *coughing *anxiety.

___ I understand that my allergy vials will be stored in the SHS refrigerator, but I am responsible for transporting them to and from SHS according to the policies of my own allergist. It is also my responsibility to order new vials when my vials expire or prior to completing the current vial.

Although you may not experience any local reaction within the 30 minutes after the injection, it is possible to react later in the day. If a local reaction occurs:

___ I will take an antihistamine (Claritin, Zyrtec, Allegra, Benadryl, etc.)

___ I will record the time and size of the reaction and how long it lasts and report this to the nurse **BEFORE** receiving my next injections. If the symptoms continue or worsen, I will return to Stamps Health Services or go to the nearest emergency department (Emory Midtown, 550 Peachtree St. NE, Atlanta, GA if on campus) or call 911.

I have read and understand ALL the instructions listed above and will fully comply.

Name: _____

GT ID: _____

Signature: _____

Date: _____