SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Southern Illinois University Edwardsville
Counseling and Health Services
0222 Student Success Center
Edwardsville, IL 62026-1055
618-650-2842
Fax: 866-579-9876

Allergy Immunotherapy Information

SIUE Health Service administers allergen immunotherapy injections as an extension of each student's private allergist to promote safety and continuity of care while on campus. All injections are administered under written standing orders from a board-certified allergist, who retains full responsibility for diagnosis, treatment, and dosing. SIUE Health Service does not mix extracts, perform vial testing, or administer biological injections.

SIUE HS serves a diverse student population referred by numerous allergy specialists, each with their own treatment formats and protocols. To ensure a consistent and safe process for every student patient, SIUE Health Service utilizes a standardized Allergen Immunotherapy Administration Form for all patients receiving allergy injections on campus.

ORDERS

To initiate or continue allergen immunotherapy at SIUE Health Service, a board-certified allergist must submit written standing orders and complete the SIUE Health Service Allergy Injection Therapy Order Form.

- Orders must include the following details
- Serum contents and concentration
- Dose and frequency
- Schedule for dose escalation and for late or missed injections
- Expiration date
- Allergist's name and contact information

Each **new vial** requires new written orders using the SIUE Health Service Allergy Injection Therapy Order Form, even if the concentration or formulation is unchanged. Orders and documentation should be faxed to (866) 579-9876 at least one business day before the first scheduled appointment. Incomplete, illegible, or unsigned orders cannot be accepted.

VIALS

SIUE Health Service accepts allergy serum that is shipped or delivered directly from the ordering allergist or an approved supplier. Students may also hand-carry vials to the clinic if they are securely packaged in a temperature-controlled container and clearly labeled.

Deliveries and drop-offs are accepted during regular business hours: Monday-Friday, 8:15 a.m.-3:30 p.m. *(excluding university holidays).*

Each vial must include:

- Patient's full name and date of birth
- Antigen name(s), dilution, and vial number
- Expiration date
- Allergist's name and contact information

Vials must be transported and stored in a temperature-controlled container to maintain potency and safety. SIUE Health Service is not responsible for lost, damaged, improperly stored, or expired vials. Unlabeled, expired, or damaged vials will not be accepted and may be returned or discarded per SIUE Health Service policy. Extracts are stored in a temperature-monitored refrigerator with 24-hour alerts once received by the clinic.

OUR PRACTICES

- SIUE Health Service does not alter dosing schedules or modify treatment plans without written authorization from the prescribing allergist.
- A licensed medical provider is present during all injection hours. Patients are required to remain in the clinic for at least 30 minutes after each injection unless the allergist specifies a longer observation period.
- Prior to each injection, nursing staff assess current health status, recent illness, medication changes, or reactions to prior injections.
- Individuals taking beta blockers or MAO inhibitors are not eligible to receive allergy injections at SIUE Health Service.
- All patients must have an epinephrine auto-injector (EpiPen) available at each visit. If needed, SIUE Health Service can prescribe one.
- Allergy injections are not administered when a patient is acutely ill, febrile, or experiencing respiratory symptoms.
- Emergency protocols are in place for systemic or anaphylactic reactions, including immediate administration of epinephrine and activation of 911 for emergency transport.
- Late or missed injections are managed according to the allergist's written "late-dose adjustment" instructions. If no instructions are provided, the allergist will be contacted before proceeding.
- Staff maintain ongoing communication with referring allergists to report reactions, confirm adjustments, and clarify orders.

COMMUNICATION

SIUE Health Service is committed to ensuring the safe and effective continuation of allergen immunotherapy for students on campus. Accurate orders, complete documentation, and clear communication between the prescribing allergist and SIUE Health Service are essential to maintaining patient safety and continuity of care.

For questions or additional information, please contact SIUE Health Service at (618) 650-2842 or fax documentation to (866) 579-9876**.**

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Allergy Immunotherapy Orders

This completed form is required to arrive with new vials received at our facility or with a change in orders, for example changing from building dose to maintenance dose. **See attached is not acceptable.** We will **NOT** be able to administer allergy injection at our facility without this form completed in full.

_____ _____ _____

Patient: Last Name **First Name** **Birthdate** **SIUE ID:**

Vial #	Contents	Strength	Frequency	Expiration Date	Date of Last Injection

Injection Schedule:

Begin with _____ (dilution) at _____ ml (dose) and increase according to the build schedule below. Increase according to schedule every _____ to _____ days ☐ or weeks ☐. After maintenance dose of _____ ml is reached, repeat every _____ to _____ days ☐ or weeks ☐.

Vial Color & Dilution in top box (ex- Red 1:1)

ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
ml	ml	ml	ml	ml	ml
Next/ Reorder	Next/ Reorder	Next/ Reorder	Next/ Reorder	Next/ Reorder	Maintenance

***Please show at what vial/dose NEW serum should be ordered** _____

Pre/ Post Injection Checklist:

- Peak flow required prior to injection? NO or YES
  - If yes, peak flow must be > _____L/min to give injection
- Antihistamine required prior to injection? NO or YES
- Required to carry Epi- pen on injection days ? NO or YES
- Exercise/Workout precautions _____
- Any previous systemic reaction from immunotherapy? No or YES

Management of Missed Injections: (According to # of days from **LAST** injection)

During Build- Up Phase	***After Reaching Maintenance***
_____ to _____ days- continue as scheduled	_____ to _____ days- give maintenance dose
_____ to _____ days- repeat previous dose	_____ to _____ days- reduce previous dose by ____ (ml)
_____ to _____ days- reduce previous dose by ____ (ml)	_____ to _____ days- reduce previous dose by ____ (ml)
_____ to _____ days- reduce previous dose by ____ (ml)	_____ to _____ days- contact office for instruction
_____ to _____ days- contact office for instruction	

Reactions:

At next visit: Repeat dose if swelling is > _____mm and < _____mm.
Reduce by one dose increment if swelling is > _____ mm.

Other instructions:

_____

_____

All systemic reactions will need to see allergist for injection and orders prior to continuing injections

Allergist Name (printed) _____

Office Phone: _____ Office Fax:_____

Office Address: _____

Office Hours: _____

Physician Signature_____Date_____

***Your signature confirms you are a board-certified allergist and have agreed to our Allergy Injection Procedures*

Reviewed by_____Date_____

SIUE Provider