

Mary S. Shook Student Health Service

APPALACHIAN STATE UNIVERSITY

Request for Administration of Allergy Serum Ordered by non-Student Health Service Physician

To the Student:

The Mary S Shook Student Health Service desires to assist you in receiving allergy medication while you are a student at ASU. We do this by temporarily serving as the agent of your allergist. They will remain your physician in relation to the condition for which you are being treated. Therefore, we must have detailed information and instructions from your physician in regard to this and covering all circumstances that may arise. It is your physician's and your responsibility to supply the medication to be used.

To the Physician:

This student requests the Mary S Shook Student Health Service to give their allergy serum prescribed by you. Needles and syringes are supplied by the Health Service. The serum is administered by our nurses, and there is a physician available when serum is given to care for the patient should any reaction occurs. **Decisions must come from you regarding dosage, dosing intervals, and alterations due to the patient's failure to maintain the ordered schedule or to reactions to the serum.** Therefore, we need precise information from you and request that you complete the following data sheet. Please return the data sheet with orders within 3 (three) weeks. If questions arise that are not answered by the information you give us, we shall contact you for further instructions.

In developing your orders for this student, please keep in mind times, as academic breaks, when your patient will not be at the university and instruct them accordingly. Also remember that we require these written and signed orders to be reviewed and updated each year. **We cannot undertake the desensitization process without receiving the enclosed form completed and signed by you.** We, in turn, will give the student a copy of their "shot record" when they are returning to you.

Serum will not be administered if instructions are inadequate. We are not responsible for breakage, loss, or damaged medication.

We look forward to assisting you in caring for your patient.

Thank you for your cooperation,

D. Taylor Rushing, M.D.
Medical Director, ASU Health Services

Patient Information Sheet for Administration of Allergy Serum

(Please include shot record with serum)

Name: _____ DOB: _____ Current Date: _____

1. **Last known shot:** Date: _____ Dose: _____ Strength/Concentration: _____

2. Is patient at **MAINTENANCE** or still **BUILDING?** (Circle one)

3. **If building,** increase each dose by ____ ml, every _____ to _____ days (minimum to maximum) until maximum dose of ____ ml.

Then: a) Proceed to next concentration vial increasing each dose by _____ ml every _____ to _____ days (minimum to maximum) until maximum dose of _____ ml.

Or: b) Continue at _____ ml every _____ to _____ days (minimum to maximum).

4. **Maintenance Strength:** _____, dose: _____ ml and Ideal Frequency: _____ days with a range from every _____ to _____ days (minimum to maximum).

5. **New maintenance Vials:** When starting a new maintenance vial, decrease dosage by _____ ml and build back up by _____ ml every _____ to _____ days (minimum to maximum) until maximum dose of _____ ml. Then continue at _____ ml every _____ to _____ days (minimum to maximum).

6. **Previous reactions** requiring dosage adjustment? YES NO If yes, please explain: _____

7. **Pre-medications:** RECOMMENDED / REQUIRED / NOT RECOMMENDED or REQUIRED (**circle one**)

If REQUIRED, how long in advance of shot do they need to be taken?

Short acting: _____ min Long acting: _____ min

8. **Dry Needle technique?** YES NO

9. **Waiting time** recommended after shots? _____ Minutes

Note: A patient receiving an allergy injection at the Student Health Service is required to wait at least 20 minutes after receiving the injection.

10. Instructions for adjustment of dosage following a **local reaction:**

Redness:	Recommended Adjustment
Pea-sized (10 mm)	
Dime-sized (15 mm)	
Nickel-sized (20 mm)	
Quarter-sized (25 mm)	
30mm	
40 mm	
Induration/swelling:	
Pea sized (10 mm)	
Dime-sized (15 mm)	
Nickel-sized (20 mm)	
Quarter-sized (25 mm)	
30 mm	
40 mm	
Other:	

11. **Late shots:** We recognize that sometimes students are unable to keep the recommended shot schedule due to illness, breaks, travel, negligence, or other circumstances. We will not give shots if the student is wheezing or has a lower respiratory infection or if they are febrile. To expedite your patient's care would you please give us instructions for this situation?

CHOOSE AND COMPLETE	<i>WHAT APPLIES TO YOUR PROTOCOLS</i>	
Dose change	Minimum number of days since last shot	Maximum number of days since last shot
Continue increasing if below maintenance dose		
Repeat dose		
Decrease dose by .05		
Decrease dose by .1		
Decrease dose by .2		
Decrease dose by .3		
Decrease dose by .4		
Call home doctor for dose		
Cut dose by 25 %		
Cut dose by 50 %		
Cut dose by 75%		
Call home doctor for dose		
Decrease dose by 1 shot increment per week late		
Call home doctor for dose		

Other instructions for late doses: _____

Please NOTE: ASU does not do vial testing!

Contact Person at allergy office for questions regarding injections and /or reactions: _____

Physician's signature – mandatory

Office Address

Physician's Name- please print

Telephone Number / Fax Number

Date: _____

Office Stamp if available:

Return form to: Allergy Clinic
 Mary S. Shook Student Health Service
 Appalachian State University
 PO Box 32070
 614 Howard Street
 Boone, NC 28608-2070
 Phone: 828-262-3100
 Fax: 828-262-6958

