**Pt Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy Injection Intake Form**

**Allergy Clinic Student Instructions and Responsibilities**

* You must have instructions from your prescribing physician, clearly labeled with your name and the physician’s name, address and phone number. It must clearly designate serum to be used, dosages, expiration dates, missed dose instructions in build-up and maintenance phases, and injection intervals. The EC medical staff will consult with the prescribing physician when necessary to clarify instructions.
* You must have the **Engle Center Allergy Injections and Protocols** signed by your prescribing allergist every academic year and given to the EC for your record.
* You must have a **current medication list** signed by your prescribing allergist every academic year and given to the EC.
* You must carry an Epi-pen with you during and after your injection and show to the allergy nurse at the time of the injection.
* You must take an antihistamine on the day of your injection. It not taken, no injection will be given that day.
* You must have a peak flow meter and peak flow recommendations from your prescribing allergist if you have a diagnosis of asthma.
* You must establish care with the Engle Center Health Services Provider before receiving your first allergy injection. You can make an appointment with the ECHS provider online at <https://messiah.studenthealthportal.com/> or by calling 717-691-6035. After this first appointment with the Nurse Practitioner, you can schedule your injection with an allergy nurse.
* For safety reasons, you will have the same nurse at every visit. If your nurse is not available, you will need to reschedule.
* You must check in with the front desk every time you have an allergy injection visit. You must provide photo ID to your allergy nurse. The nurse in the allergy clinic will review the medical record.
* The EC will provide the service of storing allergen extracts for you between injections. The Engle Center at Messiah College is not liable for the compromise in the integrity of the medication due to handling before we receive the medication or for loss or compromise of integrity due to power outage, storage equipment failure, or catastrophic event.
* All vials of serum must be delivered either by the student in a cooler bag with ice or through the mail, overnighted with an ice pack. Serum will not be administered if these parameters are not met. No exceptions.
* We will not administer injections from inadequately labeled vials or if the physician instructions are missing or incomplete. This includes concentration, vial contents, frequency of injections, expiration date of serum, and late or missed injection directions.
* We will not administer injections from improperly shipped serum (mailed without an ice pack or delivered to the EC without an ice pack).
* We will not administer injections if you report an increase in your allergy symptoms (runny/stuffy nose, red and/or itchy eyes, cough, wheezing, chest tightness, shortness of breath, or use of rescue inhaler since last injection).
* The student is responsible for reading and understanding these instructions. The nursing staff is happy to answer your questions.
* We can fax your current allergy record sheet to your allergist if you are in need of new serum bottles. You are responsible for following up with your allergist regarding new serum orders.
* Remember to inform the nurse:

\*If you had a delayed reaction to your allergy injection.

\*If you are presently ill or have seen a clinician within the past week

\*Of any new medications

\*Of any new or increased allergy symptoms (runny/stuffy nose, red and/or itchy eyes, cough, wheezing, chest tightness, shortness of breath, or use of rescue inhaler since last injection).

* Any new orders must be faxed to 717-691-6035.
* New serum may be shipped directly to:

 Engle Center for Counseling and Health Services, Suite 3028

Messiah College

Mechanicsburg, PA 17055

**We will not accept allergy extracts on Saturdays, Sundays or holidays.**

**All mailed serum must be overnighted and on an ice pack in order to be accepted.**

* We will assist you when a new allergy extract is needed; however, it is your responsibility to call your allergist’s office. You will be notified by secure message when your new allergy serum has arrived at the Engle Center.
* If your allergist requires a peak flow, please bring your own peak flow monitor. The EC does offer peak flows for sale if needed.
* You MUST have the injection sites checked by a nurse, 30 minutes after injection. There are no exceptions to this policy. You must remain inside the EC during your 30 minute wait. Your ID card will be collected at the time of the injection and returned 30 minutes after the injection when the injection site is checked. All allergy patients are required to carry an Epi-pen on the day of their injections.
* If you are more than 10 min late for the scheduled appointment, you will be asked to reschedule.
* Missing three scheduled appointments results in revocation of allergy clinic privileges and referral to an off campus medical provider, with no exceptions.
* If you discontinue treatment or fail to appear for treatment for a period of sixty days, no injections will be given. You will be responsible for taking your extract and written orders back to your allergist.
* The charge per visit is $12 for a single injection and $15 for multiple injections
* The EC provides the appropriate medical receipt for reimbursement purposes. The EC does not file any insurance claims.
* After three infractions to the Allergy Injection policy, you will be denied privileges to receive your injection at the EC and referred to an off-campus medical provider, with no exceptions.
* Avoid rubbing or scratching the arms after injections.
* Avoid vigorous exercise 2 hours before and injection and 4 hours after an injection.
* Please immediately report any problems/reactions from an allergy injection to the ECHS nurses.
* Please pick up remaining serum(s) when leaving for the semester breaks, withdrawal or graduation. Any remaining serum will be discarded each May after graduation.

I have read, understand, and will comply with the Engle Center’s Allergy Injection Instructions and Responsibilities, and I give consent for allergy serum administration as ordered by my allergist.

Patient Signature Date

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

 Provider Signature Date

I am voluntarily storing my allergy serum vials at the Engle Center. My serum has been delivered on ice.

Patient Signature Date