

Allergy Injections

Messiah University Health Services
Policy and Procedure
Date New: 08/11/2023

Engle Center Allergy Injection Guidelines and Protocols

Students are carefully screened prior to acceptance in the Engle Center (EC) for allergy desensitization. The EC will provide the allergy injection service to students and reserves the right to discontinue administration of injections to students who fail to comply with the following guidelines, who fail to comply with their prescribed regime, or who fail to notify the EC of changes in their regime.

Allergy desensitization injections are only to be administered within the following the following guidelines:

1. Students must have instructions from their prescribing physician, clearly labeled with the student's 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.
2. Students must have this guideline, protocol, and a current medication list reviewed and signed by their allergist, and included in their EC chart each academic year.
3. Students must have the EC allergy extract administration record filled out by prescribing allergist.
4. Students must carry an unexpired Epi-pen during and after allergy injections and must show to the allergy nurse at time of injection.
5. Students must take an antihistamine on the morning of/prior to their allergy injection or they will not receive their injection that day.
6. Students with an asthma diagnosis must have peak flow recommendations from their allergist and their own peak flow meter with them for every allergy injection.
7. Students must provide their own serum which can be stored in the EC; serum must arrive cold with an ice pack or be over-nighted through the mail with a cold pack. Serum that arrives at our facility that is not over-nighted or received without an ice pack will NOT be accepted. No exceptions.
8. Students must complete the Allergy Injection Intake Form at the initial visit with the EC provider.
9. Due to the increased risk of anaphylaxis, students who have not received allergy injections previously, or who are resuming injections after a four month layoff, must receive initial injection at the prescribing physician's office. The first dose of any new bottle is to be completed at the allergist office.
10. A Physician or Nurse Practitioner will be on site when allergy injections are administered and during the 30 minute waiting period post-injection. If the provider is not available, the injection must be rescheduled.
11. At each appointment, before drawing up the injection, the RN will ascertain if the student has recently been ill, currently having an allergy flare up, is taking any medications (do not give beta blockers), has taken an antihistamine, any reactions to recent injections, or has not adhered to the dosage schedule. The EC will refer to the allergist's instructions sheet regarding the need to adjust the dosage or delay administration of the injection under these circumstances. The EC will contact the prescribing allergist for clarification of instructions, if necessary.
12. Syringes will not be filled until it has been ascertained that there are no contraindications to receiving the allergy injection. Injections will not be given if there are contraindications indicated. The EC nurses will

advise students when they are low on serum. The student is responsible for contacting their allergist for serum refills.

13. An allowance of 1 min between injections is recommended. Documentation on the allergy flow sheet will include the date, dosage, and any reaction that occurred during the 30 minute interval after receiving the injection. Measurement of any local reaction, i.e. wheal, flare will be documented on the flow sheet.
14. Students receiving injections in the EC will have a section in his/her chart with the following information:
 - a. Current instructions/Schedule for administration of allergy injections on EC flow sheet
 - b. Allergy Injection Guidelines and Protocol (signed by prescribing allergist)
 - c. Current Medication list signed by allergist
 - d. Allergy Office consent form
 - e. Peak flow guidelines (for students with a diagnosis of asthma)
 - f. Allergy injection intake form (student and EC provider)
15. Prior to the administration of allergy injections, the EC health services staff must be familiar with the Anaphylaxis/Allergy Response Protocol.

Administration of Extract

1. An Engle Center Health Services provider must be present and readily available during the entire allergy injection and observation period before extract can be administered.
2. Injections are given subcutaneously using a 1 mL syringe with a 26 or 27 gauge needle.
3. Injections should be given in the posterior portion of the middle third of the upper arm at the junction of the deltoid and triceps muscles.
4. The syringe should be aspirated to check for blood return in the syringe before injecting. If blood is present, the solution should not be injected and the syringe removed and discarded in an appropriate container.

Treatment of Local Reactions

1. Usually no treatment is required for local reactions other than application of an ice pack and adjustment of future doses.
2. For local reactions greater than 2 inches, topical steroids may be applied.
3. For local itching, redness and large swelling, an oral antihistamine such as diphenhydramine 50 mg may be given

Acute management of Anaphylaxis

1. Anaphylaxis Supplies and Equipment List: tourniquet, sphygmomanometer, Epi-Pens (1:1,000 for IM injection), oxygen, oxygen mask, latex-free gloves, diphenhydramine (oral 25 mg), albuterol inhalation solution, and nebulizer.
2. An Epi-Pen will be injected in the anterior or lateral thigh.
3. 911 will be called and the patient will transferred to the emergency room.
4. While awaiting emergency assistance: Place tourniquet, lightly above allergen injection site. Stay with patient and monitor vital signs every 2-5 minutes. Place patient in the supine position with feet elevated. Give oxygen (6-8 L/min) via mask. Consider diphenhydramine 25 mg PO x 1 for itching and urticaria only.
5. Consider albuterol via nebulizer if patient has bronchospasm.

CURRENT MEDICATION LIST:

CONSENT:

The Allergy Injection Guidelines and Protocol of the Engle Center Health Services at Messiah College is acceptable to me, as prescribing physician for my patient, _____.

I am aware of the anaphylaxis protocol at the Engle Center Health Services. I have reviewed this protocol and supplies list and agree with their treatment plan of a potential anaphylactic reaction for my patient. Allergy desensitization may be administered by the medical staff at the EC.

Printed Name of Prescribing Physician

Signature of Prescribing Physician