

Letter to Clinician & Agreement to Administer Allergy Injections

Note: Changes have been made as of April 2019, please review.

In order to provide continuing allergy injections to your patients, please be aware of the procedures followed by the Allergy, Immunization and Travel Clinic at University Health Service (UHS) of the University of California at Berkeley.

To administer allergy injections with the utmost safety, the following forms must be reviewed, initialed (where appropriate) and signed and dated by the prescribing allergy clinician annually.

- 1. Agreement to Administer Allergy Injections (2 page form)
- 2. UHS IMMUNOTHERAPY HISTORY AND STANDARDIZED MAINTENANCE ORDERS

Changes effective June 1, 2019. Please read carefully.

• As of June 1, 2019, the UC Berkeley University Health Services (UHS) Allergy Clinic will administer immunotherapy injections to students who have reached a maintenance dose. If your patient is in the build up phase or has needs that cannot be provided at the UHS Allergy Clinic, please check our website or contact the clinic for names of local allergists near the UC Berkeley campus.

• Only UHS standardized orders will be accepted. All orders for immunotherapy including changes or adjustments must be on UHS Immunotherapy History and Standardized Maintenance Orders. We may accept additional attachment(s) for missed dose/new antigen schedule.

• Patient name, DOB, clinician signature, and date must be on every page of orders and ALL faxed forms.

• All doses of antigen must be of the same dilution.

• If your patient has been at maintenance doses and has had a lapse in treatment of greater than 12 weeks, they will need to build back to maintenance with a local allergist until they achieve a maintenance dose.

- We will not accept orders to administer expired antigen.
- Each vial must be labeled with scientific nomenclature, i.e. 1:1, 1:10, 1:100, Vials labeled without scientific nomenclature will not be accepted.

Shipping and Storing

When sending immunotherapy vials, please make sure that:

Each vial is labeled with the student's name, date of birth, name(s) of extract, vial concentration in scientific nomenclature, i.e. 1:1, 1:10, 1:100, etc. and expiration date.

A listing of the extracts in each vial accompanies the vial

A copy of an immunotherapy administration record with last dose(s) given and a history of any systemic reaction is included.

Antigen vials may be hand carried or shipped overnight **only** via FedEx or UPS Monday through Thursday to avoid delays to: University Health Services 2222 Bancroft Way Berkeley, CA 94720-4300, Attention: Allergy/Travel Clinic.

We are unable to accept antigens sent by US Mail as this often results in delays in delivery while in campus mail system.

Continued on page 2 _____Initials of clinician reviewing form

____Date of review by clinician



Letter to Clinician & Agreement to Administer Allergy Injections (continued)

• Allergy shots will not be administered if the patient is ill and/or having asthma symptom. RN will document symptoms.

• The RN under my supervision will notify the prescribing allergist of any systemic allergic reactions following an allergy injection or questions regarding the immunotherapy record.

• If pretreatment medication is required, the patient is required to self-administer prior to appointment. Allergy injection(s) will be withhold if patient does not self-administer as prescribed.

• Peak flow is required for all patients with a history of asthma. UHS standard practice is to withhold allergy shots if peak flow is less than 80% of baseline. If PF is less than 80% on two separate occasions, the referring allergist will be notified.

• Patients will remain in the clinic for 30 minutes after allergy injection(s) for observation of any adverse reaction, per allergy practice parameter guidelines.

• University Health Service has the trained staff, equipment and medication required to treat anaphylaxis (e.g. injectable epinephrine, oxygen, albuterol U.D. (0.83%) via nebulizer and diphenhydramine).

• There is a licensed physician on site and available to treat any adverse reaction.

• We strongly encourage the referring allergist to prescribe an EpiPen for the patient to carry with them on days they are receiving allergy shots.

• The RN under my supervision will contact the prescribing allergist to review and provide new dosing orders for a patient if he or she has fallen behind on immunotherapy if needed.

• The RN under my supervision will assist the patient in re-ordering allergy extracts before expiration or depletion and will provide a current UHS immunotherapy records at the time of re-ordering.

• The patient's antigen extract will remain refrigerated (not frozen) in our clinic at all times.

• We will not permit the patient to administer the allergy injections at home.

• We will not permit the patient to transport the antigen extract to another medical facility without the written consent of the prescribing allergist.

Thank you in advance for your cooperation. Please call with any questions. We look forward to working with you and your patient.

Sincerely,

Anna Harte MD, Medical Director & Allergy/Travel Clinic Nurses Phone (510) 643-7177 Fax (510) 643-9790

	Referring Clinician Signature	Date:
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Please return forms by fax (510) 643-9790 or Mail To:

University Health Services Allergy/ Travel Clinic, 2222 Bancroft Way, Berkeley, CA, 94720-4300

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____Date of review by clinician



University of California, Berkeley 2222 Bancroft Way Berkeley, CA 94720

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