ALLERGY CLINIC POLICY AND PROCEDURES

Policy:

· Patients requesting administration of immunotherapy extracts will have their Allergist complete a form titled "Request and Consent for Administration of Allergy Immunotherapy."

· Referring Allergist will provide:

1. Allergen Extract for injection
2. Detailed protocols for dosing and dose adjustments including schedules for: escalation and maintenance dosing, the use of new vials, during seasonal exposures, if the constituents of the allergen immunotherapy extract have changed, missed doses and when reactions occur

· The referring Allergist is responsible for the management of the individual immunotherapy and modification of dosing schedules. The Drexel Student Health Center (DSHC) will periodically send updated treatment history back to the referring allergist if outlines per the protocol provided by the referring Allergist.

· Allergen immunotherapy will not be administered unless a Drexel Student Health attending physician is present and readily accessible in the office.

· Treatment of reactions will be done under Drexel Student Health protocol.

· The Drexel Student Health Center will provide the service of storing allergen extracts for patients between injections as described in the following procedures. DSHC is not liable for the compromise in the integrity of the medication due to handling before DSHC receives the medication or for loss or compromise of integrity due to power outage, storage equipment failure, or catastrophic event.

· Consents and referral agreements expire at the end of each academic year (Month and Date).

DSHC expects the referring Allergist to reevaluate the patient at least annually.

Procedures:

<u>Storage of Extract</u>

· The extract is to be stored in containers clearly indicating the patients name and labeled to identify the contents of the vial.

· The extract is to be stored, refrigerated and kept between 3°C and 6°C (37.4°F and 42.8°F).

· If the extract is exposed to heat or frozen, DSHC will contact the referring Allergist for instructions and document the contact and instructions.

Administration of Extract

· A Drexel Student Health attending physician must be present and readily available during the entire allergy injection and observation period before extract can be administered.

· Injections are given subcutaneously using a 1 mL syringe with a 26 or 27 gauge needle.

· 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.

· 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.

· The patient must remain and be observed for 20 minutes after an injection. The student's Dragon Card will be collected at time of injection and returned 20 minutes after the injection.

Dosage and Dose Adjustment

· Dose changes are indicated 1) during escalation and maintenance dosing, 2) the use of new vials, 3) during seasonal exposures, 4) if the constituents of the allergen immunotherapy extract have changed, 5) missed doses, and 6) if reactions have occurred. Detailed dose and dose adjustment for the above mentioned scenarios are per the schedule provided by the referring Allergist.

· Any questions or clarifications should be made to the referring Allergist.

Contraindications

· Injections should be postponed if the patient is ill, febrile, has symptomatic asthma, or has sunburn or irritation at the injection site.

· Injections should not be given to patients taking beta-blockers or monoamine oxidase inhibitors (MAOI's).

· Caution advised- appropriately revised dosage schedules must be obtained from the referring Allergist in order to continue injections during pregnancy.

Documentation

· Every visit is to be charted in the DSHC Allergy Immunotherapy Log:

1. Date of injection
2. Amount of serum given
3. Injection site
4. Inspection and description of injection site after 20 minutes (e.g. negative, inflammation, swelling, wheal and flare size in mm of longest diameter, etc.)

· The treatment record provided by the referring Allergist is to be completed for each visit and kept in a separate Allergy Clinic chart.

· Any time the treatment record is sent to the referring Allergist, a note should be placed in Allscripts and a copy of the treatment record sent should be scanned into the EHR.

Treatment of Local Reactions

· Usually no treatment is required for local reactions other than application of an ice pack and adjustment of future doses.

· For local reactions greater than 2 inches, topical steroids may be applied.

· For local itching, redness and large swelling, an oral antihistamine such as diphenhydramine 50 mg may be given.

Acute management of Anaphylaxis:

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.

· An Epi-Pen will be injected in the anterior or lateral thigh.

· 911 will be called and the patient will transferred to the emergency room.

· 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.

Consder albuterol via nebulizer if patient has bronchospasm.

I am aware of the anaphylaxis protocol at the Drexel Student Health Center. I have reviewed this protocol and supplies list and agree with their treatment plan of a potential anaphylactic reaction to the following patient:

Prescribing Physician's Signature: _____

Prescribing Physician's Name (Printed): _____

Date: _____