



# Allergy Injection Program

## TO THE STUDENT:

University Health Center will assist you in receiving allergy injections ordered by a non-UHC physician while you are a student. We do this by serving temporarily as the agent for that physician. Therefore, we must have detailed information and instructions from your physician regarding allergy injections and covering all circumstances that may arise. It is up to you and your physician to supply the allergy extract to be used for allergy injections.

Injections will not be given if instructions are inadequate.

We are not responsible for vial breakage or loss.

Please review and proceed with the accompanying instructions and forms from this packet.

1. Submit paperwork.
  - a. Have your physician provide signed orders and instructions, using University Health Center Allergy Immunotherapy Order form (found on UHC website).
  - b. Completed forms may be dropped off at the Allergy Clinic, faxed to 706 583-8255 or submitted by email [allergytravel@uhs.uga.edu](mailto:allergytravel@uhs.uga.edu).
2. Drop off your vials in the Allergy Clinic or ask your allergy office to mail the vials.
3. The nurse will review all required forms and orders to ensure that your allergy shots are administered correctly. Once we have reviewed your paperwork, then you'll receive a secure message on the patient portal to schedule your first appointment.
4. Allergy injections are administered Monday – Thursday by appointment only.
5. Student health fees do not cover allergy clinic services. Insurance will be filed if applicable.  
\$20 – 1 injection      \$26 – 2+ injections
6. There is a \$30 charge if you are a “No Show” for your appointment.



**University Health Center**

*Student Affairs*

**UNIVERSITY OF GEORGIA**

Dear Provider,

University Health Center would like to thank you for giving us the opportunity to contribute to the health and well-being of your patient. As we continue to adapt, the continued safety of our students is our highest priority. We no longer accept outside provider order forms. We kindly ask that orders for any new or established patients be completed on the provided order forms. This is our way of standardizing our workflow to help maintain the safety of our students. Failure to complete these orders may delay the patient receiving their allergy injections or result in referral to an outside facility. We look forward to continue serving the students at the University of Georgia, and we appreciate your cooperation.

Thank you,

UHC Allergy Clinic



Vial 1 Contents \_\_\_\_\_ Vial 4 Contents \_\_\_\_\_  
 Vial 2 Contents \_\_\_\_\_ Vial 5 Contents \_\_\_\_\_  
 Vial 3 Contents \_\_\_\_\_ Vial 6 Contents \_\_\_\_\_

## Injection Build Up Schedule

Begin with \_\_\_\_\_ (dilution) at \_\_\_\_\_ ml (dose) and increase every \_\_\_\_\_ days according to the schedule below. **(Please fill in table below for build-up schedule. Do NOT document injections administered on this table; a separate flowsheet is used for our documentation)**

Dilution									
Vial Cap Color									
Expiration	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml	_____ ml
_____	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	Go to Next Dilution	

## Management of Missed Injections (calculated from date of last injection)

During Build Up	After Reaching Maintenance
_____ to _____ days: continue per schedule	_____ to _____ days / weeks: give maintenance dose
_____ to _____ days: repeat dose	_____ to _____ days / weeks: reduce previous dose by _____
_____ to _____ days: reduce previous dose by _____	_____ to _____ days / weeks: reduce previous dose by _____
_____ to _____ days: reduce previous dose by _____	_____ to _____ days / weeks: reduce previous dose by _____
_____ to _____ days: reduce previous dose by _____	_____ to _____ days / weeks: reduce previous dose by _____
Over _____ days: Contact office for instructions	Over _____ days / weeks: Contact office for instructions

## Management of Local Reactions

Repeat dose if swelling > \_\_\_\_\_ mm and lasts > \_\_\_\_\_ hours  
 Reduce dose by \_\_\_\_\_ if swelling > \_\_\_\_\_ mm  
 Additional instructions for local reaction:

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



## Management of Systemic Reactions

Should a systemic reaction occur: Immediately administer 1:1000 Epinephrine IM. An antihistamine can be given along with an H2 blocker and prednisone according to University Health Center physician order. In a more serious reaction, apply oxygen, administer IV fluids and repeat epinephrine dose if needed according to UHC physician orders. **If student has a systemic reaction, then no further injections will be provided at UHC until new orders have been received from the prescribing provider.**

Peak flow required prior to injection? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, then must be > \_\_\_\_\_ L/min to give injection

Antihistamine required prior to injection? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student required to carry EpiPen/AuviQ with them on injection days? Yes \_\_\_\_\_ No \_\_\_\_\_

Alternate arms for injections: Yes \_\_\_\_\_ No \_\_\_\_\_

Any previous systemic reaction from immunotherapy? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other instructions/ comments:**

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Allergy Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Preferred method to order new vials:** Email \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

*Documentation of injections administered at UGA will be provided each time new vials are ordered.*

**Physician Name (please print)** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_