

**ALLERGY INJECTION INFORMATION****HOW TO GET STARTED:**

**ALLERGY IMMUNOTHERAPY APPOINTMENTS ARE AVAILABLE ONLY TO STUDENTS WITH THE UCSHIP INSURANCE PLAN. IF YOU DO NOT HAVE THIS PLAN YOU WILL NEED TO ARRANGE SERVICES OFF CAMPUS.**

**1. Print this info sheet, doctor letter and Allergy Immunotherapy Orders Form**

Your Physician **MUST** complete the **Allergy Immunotherapy Orders Form** before allergy injections can be started at the Student Health Center.

**2. Send, Fax or Bring the letter and form to your physician for completion.****3. Store your allergy antigens at the Student Health Center. When needed, you will be advised to contact your allergist for additional antigens with new instructions.****4. Send all allergy antigens by overnight or priority mail to avoid shipping delays to:**

**UCSC Student Health Center  
Allergy, Immunization and Travel Clinic  
1156 High Street  
Santa Cruz, CA 95064**

**YOUR ALLERGY SHOTS:****1. Make appointments in advance for your injections by calling **831-459-2500****

- Appointments are available **only during specifically designated Allergy Immunotherapy clinic times** during the academic year. If your schedule does not allow you to access to the designated clinics, UCSC Student Health Services will provide a referral to an off campus, networked provider for this service.
- Appointments must be made on days your allergist's office is open.
- If you miss an allergy injection on the due date, schedule another appointment as soon as possible.
- If you **repeatedly miss** injections, your allergy shots may have to be discontinued. There is an increased risk when a haphazard schedule is followed.

**2. Plan to wait 30 minutes after your injection.****3. Alert the allergy clinic of any adverse reactions you may experience.****4. You MUST Pick up your antigens at the end of each quarter and academic year to transport to the prescribing allergist. **We only store** the antigens for students receiving their allergy injections at the Student Health Center during the summer.**

**All other antigens are discarded at the end of the academic year in June.**

**Note: We do not initiate allergy injections. You must have safely received one or more allergy injections at your physician's office before receiving injections at the Student Health Center.**

**Questions? Call the AIT Clinic 831-459-2636**



UCSC Student Health Center  
1156 High Street  
Santa Cruz, CA 95064

PH (831) 459-2636  
FAX (831) 459-3546

Date:

Dear Physician,

The UCSC Student Health Center Allergy, Immunization and Travel (AIT) Clinic is happy to assist with the administration of allergy immunotherapy to your patient. In order to administer allergy injections to your patients with the highest degree of safety, we do have specific requirements.

We ask that you take a few moments to complete the accompanying form and return it **with your regular instruction sheets**.

We cannot administer allergy injections to your patients until this form is received and any missing information may lead to a delay in the administration of your patient's allergy injection.

**Please note** that in the event that your patient has an anaphylactic reaction during or after receiving allergy shots at the UCSC Student Health Center, our clinic's anaphylaxis protocol will be followed (see below). If you have any questions or concerns please call the Allergy Clinic at 831-459-2636 or Dr. Drew Malloy, Medical Director at (831) 459-1740.

**UCSC Student Health Center Anaphylaxis Protocol**

I. ANAPHYLAXIS—Immediate First Aid

May Include:

SX: Itching, numbness, urticaria, flushing, anxiety, cough, chest/throat constriction, sneezing, dyspnea, cyanosis, hypotension, stridor, shock, decreased or loss of consciousness.

Cause:

Acute systemic allergic reaction (may be due to stings, immunization, medication, food substance, nuts, etc.)

RX: **INITIATE TREATMENT IMMEDIATELY**

Inject EPINEPHRINE Auto-injector 1:1000 0.3 ML IM (not in same arm as vaccine if given)

Inject BENADRYL 50 mg IM (different area than EPI)

If no improvement in 5 minutes, give repeat EPINEPHRINE Auto-injector 1:1000 0.3 ml IM

May repeat EPINEPHRINE Auto-injector third dose after another 5 minutes.

Observe 1-2 hours if not severe – then send home with Benadryl P.O. Recheck next day. If severe, refer to ER

Monitor vitals & record throughout episode. Give oxygen PRN.

May start IV as appropriate

Thank you in advance for your cooperation.

Sincerely,

Drew Malloy, MD  
Medical Director

Allergy, Immunization and Travel Clinic Nurses  
831.459.2636

### UCSC Student Health Center Request for Allergy Immunotherapy Orders

All of the following information must be provided before allergy injections are initiated at the UCSC Student Health Center for your patient. Remember to attach detailed Instructions for administration.

Please print or type the following:

<p><b>Patient's Name:</b> _____ <b>D.O.B.:</b> _____</p> <p><b>Diagnosis:</b> _____</p> <p><b>History of Asthma—please circle: No Yes (describe)</b> _____</p> <p>_____</p> <p><b>Prescribed Medications:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Known Drug or Food Allergies</b> _____</p> <p><b>Original Immunotherapy Start Date:</b> _____</p> <p><b>History (including systemic or other serious reactions):</b> _____</p> <p><b>Other comments or instructions:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Physician name:</b> _____</p> <p><b>Office address:</b> _____</p> <p><b>Office hours:</b> _____ <b>Office contact person:</b> _____</p> <p><b>Phone #:</b> _____ <b>Fax#:</b> _____</p> <p><b>Physician signature</b> _____ <b>Date</b> _____</p> <p><b>Mail completed forms and your detailed instructions to:</b></p> <p><b>UCSC Student Health Center, Attn: AIT Nurse, 1156 High St, Santa Cruz, CA 95064</b></p>
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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

**Please provide the following information #1-3:**

**1. Current Allergy Injection Information:**

Contents/Name of Vial: \_\_\_\_\_ Dilution: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contents/Name of Vial: \_\_\_\_\_ Dilution: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contents/Name of Vial: \_\_\_\_\_ Dilution: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contents/Name of Vial: \_\_\_\_\_ Dilution: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please make sure:**

- That each vial is **labeled** with the student's name, date of birth (DOB), physician's name, vial concentration, and expiration date prior to our receiving the vial(s).
- That a listing of the extracts in each vial accompanies the vial.

**2. Please attach instructions for administration which should include:**

- Injection frequency: \_\_\_\_\_
- Injection dose: \_\_\_\_\_
- Incremental dose increase (in ml): \_\_\_\_\_
- Acceptable interval for missed doses: \_\_\_\_\_
- How to handle missed doses that exceed acceptable interval: \_\_\_\_\_
- How to handle immediate or delayed local reactions in terms of subsequent dosing:  
\_\_\_\_\_
- Fresh antigen Dosage Reduction: \_\_\_\_\_
- Usage reduction with illness, wheezing, or increased allergy symptoms: \_\_\_\_\_

**3. Please give the date and dosage of the most recent injection given at your office:**

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

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

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

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

**Mail to: UCSC Student Health Center  
Attn: AIT Nurse  
1156 High St.  
Santa Cruz, CA 95064**