

# Allergy Injection Policy

Southeastern Oklahoma State University  
Student Health Services

## Allergy Injection Policy and Procedure

Southeastern Oklahoma State University Student Health Services is staffed by a nurse.  
There is not always a physician on site.

We are happy to provide services, which include scheduled allergy injections. The following are important considerations for those receiving this type of injection. We also have requirements necessary for the safety of the patient as well as the protection of the practitioner.

Patient and Physician should know:

1. All allergens must be accompanied with full instructions from the home physician. Records/vials must be labeled as to concentration, antigen content, and expiration. The schedules must reflect the amount and frequency of each injection. Instructions for missed injections and new antigens must be included.
2. It is the patients' responsibility to schedule their injections. Calling ahead is recommended.
3. It is the patients' responsibility to deliver allergens to Student Health Services and to pick them up at breaks and the end of the school year. Student Health Services will **NOT** mail allergens home at the end of the school year.
4. The allergens will be stored in the medication refrigerator for the patient and will be labeled with the patient's name. Student Health Services will provide the syringes and needles and dispose of them in the proper manner. Syringes will not be given to patients for self-injection.
5. Epinephrine 1:1000 is available for injection in case of reaction to allergens. It will be given according to procedures/standing orders on file in Student Health Services.
6. All patients receiving injections are to stay within the Student Health Services for 20 minutes after injection. They are to report to the Nurse prior to leaving. Any reaction after that time must be reported immediately. In case of any reaction requiring the use of Epinephrine, the patient will be required to receive injections in their physician's office until cleared to resume care at Student Health Services.

I certify that I understand and will comply with the requirements for receiving allergy injections at Student Health Services at Southeastern Oklahoma State University.

\_\_\_\_\_ ID# \_\_\_\_\_  
Patient Name

As the attending physician of \_\_\_\_\_, I understand the considerations and requirements of Southeastern Oklahoma State University regarding allergy injections. I give permission for my patient to receive these allergy injections from the Nurse at SOSU Student Health Services.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone