

For your patient's safety and to facilitate the transfer of allergy treatment to our clinic, this form must be completed to provide standardization and prevent errors. Failure to complete this form will delay or prevent the patient from utilizing our services. Form can be delivered by the patient, mailed, or faxed (see address and fax below).

Office Address: _____

▪ Is the student required to have taken an antihistamine prior to injection? ☐ NO ☐ YES

Vial Contents: _____

The initial injection **MUST** be given at the allergist office. Redfern Health Center will not administer accelerated build-up schedules.

Dilution	1:10000 v/v	1:000 v/v	1:100 v/v	1:10 v/v	1:1 v/v
Vial Cap Color	Silver	Green	Blue	Yellow	Red
Expiration Date(s)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
	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	ml

CLEMSON
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DIVISION OF STUDENT AFFAIRS



INJECTION 2

Vial Contents: _____

INJECTION SCHEDULE:

Begin with _____ (dilution) at _____ ml (dose) and increase according to the schedule below.

The initial injection MUST be given at the allergist office. Redfern Health Center will not administer accelerated build-up schedules.

Dilution	1:10000 v/v	1:000 v/v	1:100 v/v	1:10 v/v	1:1 v/v
Vial Cap Color	Silver	Green	Blue	Yellow	Red
Expiration Date(s)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
	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
	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	ml

INJECTION 3

Vial Contents: _____

INJECTION SCHEDULE:

Begin with _____ (dilution) at _____ ml (dose) and increase according to the schedule below.

The initial injection MUST be given at the allergist office. Redfern Health Center will not administer accelerated build-up schedules.

Dilution	1:10000 v/v	1:000 v/v	1:100 v/v	1:10 v/v	1:1 v/v
Vial Cap Color	Silver	Green	Blue	Yellow	Red
Expiration Date(s)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
	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
	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	<i>Go to next Dilution</i>	ml

Use additional sheets if more than 3 sets of injections.

MANAGEMENT OF MISSED INJECTIONS: (According to number of days from LAST injection)

*Allergy injections will not be given if three months or longer has passed since the last documented injection(s).

The patient will need to return to their allergist's office for a new dosing schedule and first injection(s) of the dosing schedule.

During Build-Up Phase	After Reaching Maintenance
___ to ___ days: continue as scheduled	___ to ___ days: give same maintenance dose
___ to ___ days: repeat previous dose	___ to ___ weeks: reduce previous dose by ___ (ml)
___ to ___ days: reduce previous dose by ___ (ml)	___ to ___ weeks: reduce previous dose by ___ (ml)
___ to ___ days: reduce previous dose by ___ (ml)	over ___ weeks: contact office for instructions
over ___ days: contact office for instructions	

LOCAL REACTIONS:

At next visit: Repeat dose if swelling is > ___ mm and < ___ mm.

Reduce by one dose increment if swelling is > ___ mm.

SYSTEMIC REACTIONS:

Symptoms of systemic reactions include, but are not limited to itching of the skin, urticaria, faintness, flushing, coughing, perspiration, nausea, vomiting, pallor, cyanosis, a "thick throat", tightness of the chest, feeling of impending doom and frank collapse.

Should a systemic reaction occur: Immediately give 1:1000 Epinephrine IM. An antihistamine can be given along with an H2 medication such as Zantac and a dose of Prednisone according to Redfern Health center Care physician's order. In a more serious reaction, also use oxygen at 2-3 liters, have IV fluids and repeat Epinephrine dose if needed by Redfern Health Center Urgent Care physician's order.

Other Instructions: _____

Physician Signature: _____ Date: _____

