

STUDENT HEALTH SERVICES- ALLERGY CLINIC

4502A North Charles Street Baltimore, MD 21210

PHONE: 410-617-5055 **FAX:** 410-617-2173

EMAIL: HealthServices@loyola.edu

Dear Allergist,		
Your patient	, DOB:	, a student at Loyola
University Maryland has request	ed that Student Health Services (SH	S) administer their allergy injections
while on campus. We do not init	iate immunotherapy and we ask tha	at you plan to give all initial
injections in your office. Our role	e is to act as a bridge to help facilitat	e continuation of allergy injections
while away at college. We provide	le a safe, emergency equipped envir	ronment for your patient to receive
their treatment		

Allergists generally have guidelines for the administration of immunotherapy. We also have guidelines in place to keep our service to our shared patient safe. In order for Allergy Clinic staff to assume temporary medical management responsibility for your patient, we will need ALL of the following information from you before we can administer allergy injections:

- 1. A copy of the recent Medical Evaluation for Immunotherapy including the following:
 - a. Indications for immunotherapy
 - b. Documentation of persistent or intermittent asthma (if applicable)
 - c. Documentation of whether pre and or post PFs should be done
 - d. Other medical diagnoses (if applicable)
- 2. A copy of the patient's injection records, noting reactions
- 3. The patient's immunotherapy schedule detailing the following:
 - a. Starting immunotherapy dose/ where we should start
 - b. Target maintenance dose
 - c. Immunotherapy build-up schedule
 - d. Instructions for late injections during the build-up phase
 - e. Instructions for late injections during the maintenance phase
 - f. Instructions for localized reactions
- 4. Each vial must be labeled with the following
 - a. Patient's name
 - b. Contents
 - c. The dilution
 - d. The expiration date

If any of these elements are not in place, the student will be directed back to your office to get appropriate documentation.

PLEASE SEND VIALS AND INFORMATION TO:

Student Health Services 4502A North Charles Street Baltimore, MD 21210



STUDENT HEALTH SERVICES- ALLERGY CLINIC

4502A North Charles Street Baltimore, MD 21210

PHONE: 410-617-5055 **FAX:** 410-617-2173

EMAIL: HealthServices@loyola.edu

If allergy injections are received elsewhere during school breaks or during summer vacation, the date, dose, and the providers who administered the injection must be provided to Loyola SHS Allergy Clinic before the patient /student may resume injections with us. Please inform your patient that if we have any questions about the serum or dose and are unable to reach your office for a consult, we will not administer their injection. In complex allergy situations, we may request that the student be referred to a local allergist for ongoing care while in the Maryland area.

We look forward to providing care for our shared patient during their time at Loyola University Maryland.

Sincerely,

Jennifer Rourke, BSN, RN

temps Ranko R.N

Registered Nurse

Julie Sanz, MSN, ANP-BC

Julie Sanz

Director