CONNECTICUT COLLEGE
Student Health Services Department – Partnered with Hartford HealthCare
270 Mohegan Avenue * New London, CT 06320 * Phone: 860-439-2275 * Fax: 860-439-5430
shs@conncoll.edu

Dear Allergist:

The Student Health Service at Connecticut College provides allergy shots that are followed by a community allergist from their hometown. This allows them to continue to benefit from the care of their hometown physician while avoiding the time and expense of going home for each injection. The intent of this letter is to explain our service to community allergists such as yourself so that your patient can continue to receive their injections in a safe and convenient manner. Advanced Practice Providers staff Student Health Services. There is not a physician present.

At any given time, we have patients cared for by many different allergists, each with their own order forms and labeling practices. The following guidelines were written with patient safety as the highest priority.

- **LABELLED ALLERGEN VIALS: Each vial must be labeled with:**
  - Patient Name
  - Allergen/Dilution
  - Expiration Date

- **REACTION PROTOCOLS FOR ALLERGIC REACTIONS** with clear guidance on how to proceed with subsequent dosing for local or delayed reactions
- **ALLERGEN INJECTION ORDERS:** Injection orders must be written on a standardized Connecticut College /Hartford Healthcare form and signed by the Allergist. This requirement reduces the risk of error inherent in the use of multiple different order forms from various offices. Each new vial will require a new written order.
- **FIRST INJECTION FROM A NEW VIAL:** We do not initiate injections from a new vial. This should be done at the prescribing physician's office.
- **TIMING OF INJECTIONS:** Student Health Services has limited hours. Student Health is closed during winter and summer break and we have limited clinician coverage during the two-week spring break. Please consider this as you plan allergy dosing and appointments for a student residing on campus at Connecticut College in New London, CT. Local Urgent Care Centers DO NOT administer allergy injections and local allergist offices will not administer allergy injections unless they have formulated the serum themselves.

In the interest of safety, we decided to eliminate the possibility of confusion about the sequence and strength of allergen doses by requiring standardized ordering and labeling. I hope you will agree that following these guidelines is worth the additional effort in the interest of increased safety and convenience for your patient. If you have any questions, comments, or suggestions regarding this policy, please contact us.

Thank you,
Student Health Services
Connecticut College

Connecticut College
STUDENT HEALTH SERVICES ALLERGY CLINIC
ALLERGEN TREATMENT FORM

Patient's Name: _____ DOB: _____
First *Last*

Name of extract in vial #: _____ Concentrations: _____ Exp. Date of vial: _____

Physician Name: _____ Phone: _____ Fax: _____

Address: _____
Street *City* *Zip*

PLEASE NOTE ONE SHEET PER VIAL:

Please compare name on vial, extract, & strength or concentration.

PRESCRIBED DOSE			ACTUAL DOSE GIVEN (Student Health Services Use Only)							
Interval to next dose in Weeks (please circle) 1 2 3 4 Fill in dates	Strength (Concentration)	Volume Amount	Date	Strength (Concentration)	Volume Amount	Arm (Right)	Arm (Left)	Peak Flow (Y/N)	Reaction	Initials

Physician Signature Date

RN Signature Date

Print name

Print name

SAMPLE

SAMPLE

Connecticut College
STUDENT HEALTH SERVICES ALLERGY CLINIC
ALLERGEN TREATMENT FORM

Patients Name: Jiminy (First) Cricket (Last) DOB: 07/07/2003

Name of extract in vial #: dust/mite/cat tree/etc. Concentrations: 1:100 Exp. Date of vial: 06/30/2023

Physician Name: _____ Phone: _____ Fax: _____

Address: _____
Street *City* *Zip*

PLEASE NOTE ONE SHEET PER VIAL:

Please compare name on vial, extract, & strength or concentration.

PRESCRIBED DOSE			ACTUAL DOSE GIVEN (Student Health Services Use Only)							
Interval to next dose in Weeks (please circle) 1 2 3 4 Fill in dates	Strength (Concentration)	Volume Amount	Date	Strength (Concentration)	Volume Amount	Arm (Right)	Arm (Left)	Peak Flow (Y/N)	Reaction	Initials
1st dose and/or 2nd dose at allergist	1:100	0.2ml								
03/13/2023		0.25ml								
03/20/2023		0.30ml								
03/27/2023		0.35ml								
04/03/2023		etc. ↓								
04/10/2023										
04/17/2023										
04/24/2023										
05/01/2023										
05/08/2023										
05/15/2023										

Physician Signature Date

Print name

RN Signature Date

Print name