



### Systemic Needs Information & Consent Form

Dolores Hess, RN, BSN  
Director of Health & Wellness Services  
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[www.kutztown.edu/healthandwellness](http://www.kutztown.edu/healthandwellness)

Date: \_\_\_\_\_

Dear Doctor: \_\_\_\_\_

Kutztown University Clinical Services is offering to administer allergy immunotherapy injections prescribed by you to your patient,

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

It has been brought to my attention that your office policy requires one or all of the following for severe systemic reactions. However our facility does **not** have the equipment listed below on site:

Laryngoscope	IV infusion
Intubation equipment	IV Benadryl
Crash cart	Catheter lines
Tracheotomy set up	Aminophylline
IV Medications	other _____

Clinical Services policy requires a physician to be on site during allergy injections. In the event of a severe reaction, we have available: Epinephrine, oxygen, IM Benadryl, nebulizer therapy, and an AED. We also require all nursing staff to be recertified annually in basic life support. In the event that a student has an adverse reaction to their injection, the on-site physician is notified immediately. Epinephrine is given if indicated, per the on-site physician's order, and an ambulance is called if indicated. Local ambulance response time is very prompt.

We would like to continue offering allergy injections to your patient while they are a student at Kutztown University. However, your patient's immunotherapy treatment will need to be placed on hold until we receive your signed agreement with our procedure for treating systemic reactions. If you are in agreement, this notification will be in effect for your patient until graduation or until a change is noted in your requirements.

Please acknowledge receipt of this letter and your agreement with our protocol by signing and returning this letter to Kutztown University Clinical Services.

Sincerely,

Dolores Hess, RN, BSN  
Director of Health & Wellness Services

\_\_\_\_\_  
Signature of attending physician/allergist

\_\_\_\_\_  
Date

Note: This Form is available via website at [www.kutztown.edu/HealthandWellness](http://www.kutztown.edu/HealthandWellness)

Revised August 2013

Reviewed August 2018