

August 2025

Dear Student,

We hope you are enjoying the summer weather and relaxing! Here at the Health Services, we are enjoying the slower pace of summer but are preparing for fall.

All students previously receiving allergy injections in the Health Services are being reminded of some critical guidelines observed by this office. If you are an incoming freshman or transfer student who will be receiving allergy injections for the first time, this will be new information for you. The following procedures must be observed for all students:

- After your arrival on campus, please call to schedule an allergy interview. All allergy students must have an interview before any injections can be scheduled. A clinical staff member will review our policy and guidelines for injections with you. At that time, bring serum, current orders, and required forms.
- Please review/complete the enclosed letter and two forms with your allergist. Return these forms to Health Services before you begin your injections. Students are responsible for completion of the questionnaire and policy forms.
- Please be aware it may be necessary to call your allergist for clarifications of new orders before injections can begin. All orders for allergy injections must come from a physician, NP or PA-C. Orders from other clinical staff members will not be accepted! Please be sure your orders are clear and updated to avoid delay in the scheduling of allergy appointments.
- Please note, students will only be accepted for allergy appointments in the Health Services after completing the first injection of allergy serum under the supervision of the prescribing allergist.
- Students who have had any previous history of systemic/anaphylactic reaction (i.e., itching, runny nose, nasal congestion, SOB, wheezing, or any reaction requiring medication such as epinephrine, Benadryl, or steroids) will NOT be eligible to receive allergy injections in Health Services.

You may consult Health Services for a referral to a local allergist.

Health Services reserves the right to terminate injections if the student does not comply with the stated allergy policy, or if the student experiences severe adverse reactions.

Gumberg Library, 3rd Floor
600 Forbes Avenue | Pittsburgh, PA 15282
412.396.1650 | 412.396.5655 (fax)
duhealth@duq.edu

Fees for allergy injections are as follows:

- Single allergen injection fee = \$15
- More than one allergen injection fee = \$25

Remember that an interview with a clinical staff member at Health Services is required prior to receiving injections this fall. All of the enclosed forms must be returned in order to complete the interview process.

If you have any questions, please call the Health Services at (412) 396-1650 between 8:00 a.m. and 4:00 p.m. Monday through Friday.

We look forward to seeing you this fall.

Yours truly,

Joy A. Dougherty, Director
Dr. Joy Dougherty, Director Health Services

Xenia Duris, RN, BSN
Xenia Duris, RN, BSN Allergy Nurse

PROCEDURES AND GUIDELINES FOR ALL ALLERGY PATIENTS (New and Returning)

Initiation of Injections

1. An appointment is made with a clinical staff member for an allergy interview.
2. The clinical staff member will review the Policy and Procedures with the student.
3. The student will be given a copy of the "Allergy Policy" and "Procedures and Guidelines for Allergy Patients."
4. An agreement to comply with the Policy and Procedures must be signed by the student at that time.

Appointments

1. Injections are given by appointment only.
2. Students should allow adequate time for allergy appointments. An appointment must be rescheduled if the student is 10 minutes late.
3. The student is required to remain for 30 minutes in the waiting area following the injection.

Non-compliance with this procedure will necessitate the discontinuance of the service.

4. Symptoms of any illness must be reported before an injection is administered.
5. In some cases, if an appointment is missed new instructions may need to be obtained; the student must allow time for the allergy physician, NP, or PA-C to be contacted.

Orders from allergy nurses will not be accepted.

ALLERGY POLICY

Duquesne University Health Services will administer allergy injections to students upon written orders from a private physician who provides the appropriate allergy serum and current instructions.

Appointments

Injections are given by appointment only when a healthcare provider is present in the building. For the patient to obtain optimum benefit from the treatment and to decrease risk of reactions, we stress the importance of keeping scheduled appointments. In some cases, if a dose is missed, written or telephone orders from the student's allergist will be needed to continue injections. Frequently missed appointments may result in discontinuation of injections.

The student is required to wait 30 minutes in Health Services after receiving injections and to check with a clinical staff member prior to leaving. Students who fail to comply with this procedure will no longer be eligible for the allergy service. Health Services will not administer allergy injections until a student has completed the first full bottle of allergen after initial desensitization.

Allergy Serum

Allergy serum can be kept at Health Services while the student is in school, but Health Services cannot assume responsibility for replacement in case of loss or damage, including power outages.

The student is responsible for bringing the serum to Health Services and taking it when leaving school (i.e., graduation, transfer, vacation, etc.). Health Services will not accept delivery via mail, parcel post, etc. Any serum left at the end of the school year will be discarded at expiration date or 6 months after last visit.

By signing below, you acknowledge that you have read and will comply with the allergy policies and procedures.

Name: _____

Date: _____

Signature: _____

Health Services reserves the right to terminate administration of allergy injections to any student who experiences severe local or systemic reactions or fails to comply with Health Services policies.

Name: _____
Residence Hall: _____ Phone: _____
Address (If Commuter): _____
Home Address: _____
Email Address: _____

QUESTIONNAIRE FOR ALLERGY PATIENTS

1. How long have you been receiving allergy injections: Years: _____ Months: _____

2. What was the date of your last appointment with your allergist? _____

3. Prescriber information

Name: _____ Specialty: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

4. What main symptom(s) prompted you to seek allergy injections?

Constant Nasal drainage _____ Itchy Eyes _____

5. Do you have asthma (wheezing) or have you ever suffered from asthma in the past?

Yes _____ No _____

6. If yes, are you currently treated for asthma? Yes ___ No ___ Treatment: _____

7. List the allergies for which you are receiving injections: _____

8. Please provide your dosage and schedule. _____

I do not know _____

9. Check any reactions listed below you have experienced following allergy injections:

- ___ Flare (redness at the injection site)
- ___ Hives (other than at the injection site)
- ___ Itching at the injection site
- ___ Itching around eyes, nose or body
- ___ Wheal (swelling) at injection site
- ___ Difficulty in breathing
- ___ Hypotension (drop in blood pressure)

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Dear Allergist,

Duquesne University Health Services (DUHS) is pleased to administer allergy injections to registered students in fulfillment of your written order. This service is provided by a clinical staff member under direction of the health service's medical director and in accordance with policies and procedures governing allergy injections. Please review the attached requirements regarding patient and physician information for all immunization orders.

In the event of a systemic reaction to an allergy injection, patients will be treated by clinical staff in accordance with the attached standing order protocol. Your signed agreement is required for allergy injection administration at DUHS.

Sincerely,

Jacob Turnbull, DO

Jacob Turnbull DO, FAOASM
Medical Director of Health Services

Dear ALLERGY PHYSICIANS, NP, PA-Cs,

Please review the information below and be sure it is included with allergy immunization orders. Allergy orders should be written on formal letterhead or an allergy form clearly identifying the medical facility. Adequate space should be provided for recording purposes.

PATIENT INFORMATION

1. Name
2. Date of Birth
3. Current Medications
4. Drug Allergies
5. Medical Conditions
6. Any previous severe reactions to allergy injections

IMMUNIZATION ORDERS

- Antigen Composition/Dilution
- Dose and Schedule
- Expiration Date
- Refill Instructions
- Guidelines for Missed Doses
- Guidelines for Dose Adjustments Related to Reactions

Please label the antigen vials with the patient's name, date of birth, vial number and expiration date.

PROVIDER INFORMATION

- Name of Prescriber
- Office Address
- Office Phone Number and Fax Number
- Office Hours

Health care provider's signature should appear on **all orders** (including follow-up or changed orders).

Thank you for your cooperation.

Duquesne University Health Services
Standing Orders for Systemic Reaction to Allergy Injections

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Objective: To provide emergency care to students who experience a systemic reaction to an allergy injection.

SIGNS: Generalized itching and edema

- Hives
- Edema of eyes, face, and hands
- Rhinitis
- Watering of eyes
- Wheezing
- Coughing
- Shortness of breath, anxiety
- Angioedema
- Respiratory arrest

Intervention:

- 1.) Notify healthcare provider onsite, call campus police, alert for transport, and/or paramedics,
- 2.) Inject 0.3- 0.5 ml of epinephrine 1:1000 IM in the anterolateral thigh. If necessary, REPEAT this dose at 15-minute intervals
- 3.) Supplemental oxygen prn, continuous pulse ox
- 4.) Vital signs every 5 minutes
- 5.) Albuterol 2.5-5.0 mg/ml via nebulizer q 15-20 minutes for respiratory distress with wheezing or bronchospasm
Consider: Diphenhydramine 25-50 mL IM, antihistamines, corticosteroids, IV fluids may be used when indicated
- 6.) Monitor until stable. If no improvement, transport to the ER via campus police or EMS
- 7.) CPR/AED for respiratory arrest: begin CPR, call campus police at 2677 to notify City Paramedics
- 8.) Report reaction to allergist

Signature: Jacob Turnbull, DO Jacob Turnbull DO, FAOASM

Allergist Signature: _____ Date: _____

Print Allergist Name: _____

Address/Telephone: _____

Patient Name: _____ D.O.B: _____

Date: _____

Academic Year: 2025-2026

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PLEASE COMPLETE AND RETURN WITH STANDING ORDERS

Patient's Name _____ D.O.B. _____

Current Medications Prescribed _____

Drug Allergies _____

Environmental Allergies _____

Medical Condition/ Diagnosis/ ICD 10 code _____

Any Previous severe reactions to allergy injections _____

Name of Prescribing Provider: _____

Address _____

Phone Number _____

Fax Number _____