



August 2022

Dear Student:

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

All students previously receiving allergy injections in the Health Service 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 with the allergy nurse (X1650). All allergy students must have an interview before any injections can be scheduled. The allergy nurse 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 the Health Service 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. Orders from allergy nurses 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 be accepted for allergy appointments in the Health Service after completing the first vial of allergy serum under the supervision of the prescribing allergist.



- Students who have had any previous history of intense 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 the Health Service.

You may consult the Health Service for a referral to a local allergist.

The Health Service 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.

**Fees for allergy injections are as follows:**

- Single allergy injection fee = \$15 (payment due at time of service)
  - More than one allergy injection fee = \$25 (payment due at time of service)\*
- \*Payment will not exceed more than \$300 per semester

**Remember that an interview with an allergy nurse 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 Service 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,

Dr. Joy Dougherty, Director Health Service

Xenia Duris, RN, BSN  
Allergy Nurse

DUQUESNE UNIVERSITY HEALTH SERVICE  
600 Forbes Avenue  
Pittsburgh, Pennsylvania 15282-1920  
Phone: (412) 396-1650 Fax: (412) 396-5655

**PROCEDURES AND GUIDELINES FOR ALL ALLERGY PATIENTS**  
**(NEW AND RETURNING)**

**Initiation of Injections**

1. An appointment is made with the allergy nurse for an allergy interview. (Please call 412 396-1650)
2. The allergy nurse 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. Scheduling and canceling are done by the allergy nurse (412 396-1650).
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 room following the injection.

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

4. Symptoms of illness should be reported to the nurse before an injection is administered.
5. If an appointment is missed new instructions must be obtained; the student must allow time for the allergy physician to be contacted.

**Orders from allergy nurses will not be accepted.**

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**600 Forbes Avenue**  
**Pittsburgh, Pennsylvania 15282-1902**  
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## **ALLERGY POLICY**

The Duquesne University Health Service 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 physician 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. If a dose is missed, written or telephone orders from the student's allergist to the allergy nurse will be needed to continue injections in the Health Service. Frequently missed appointments may result in discontinuation of injections.

The student is required to wait 30 minutes in the Health Service after receiving injections and to check with a nurse prior to leaving. Students who fail to comply with this procedure will no longer be eligible for the allergy service. The Health Service 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 the Health Service while the student is in school, but the Health Service cannot assume responsibility for replacement in case of loss or damage, including power outages.

The student is responsible for bringing the serum to the Health Service and taking it when leaving school (i.e., graduation, transfer, vacation, etc.). The Health Service 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.



**I HAVE READ AND WILL COMPLY WITH THE ALLERGY POLICY.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Local/Home Address:**  
\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **SMC#:** \_\_\_\_\_

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

**The Health Service 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 Service policies.**

**DUQUESNE UNIVERSITY HEALTH SERVICE**

600 Forbes Avenue

Pittsburgh, Pennsylvania 15282-1920

Phone: (412) 396-1650 Fax: (412) 396-5655

Email: Duhealth@duq.edu

Name: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address  
(If Commuter): \_\_\_\_\_

E-mail 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)



**DUQUESNE UNIVERSITY**  
600 FORBES AVENUE • PITTSBURGH, PA • 15282

**STUDENT LIFE DIVISION/  
HEALTH SERVICE**  
TELEPHONE (412) 396-1650

August 2022

Dear Allergist,

Duquesne University Health Service (DUHS) is pleased to administer allergy injections to registered students in fulfillment of your written order. This service is provided by an allergy nurse under direction of the health service primary physician 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 the allergy nurse and health service physician in accordance with the attached standing order protocol. Your signed agreement is required for allergy injection administration at DUHS.

Sincerely,



Dr. Stella Winters, MD

Attachments



## **DUQUESNE UNIVERSITY HEALTH SERVICE**

### **TO: ALLERGY PHYSICIANS**

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.**

#### **PHYSICIAN INFORMATION**

- Name of Prescribing Physician
- Office Address
- Office Phone Number and Fax Number
- Office Hours

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

Thank you for your cooperation.

**PLEASE COMPLETE AND RETURN WITH STANDING ORDERS**

**DUQUESNE UNIVERSITY HEALTH SERVICE**  
**STANDING ORDERS FOR SYSTEMIC REACTION TO ALLERGY INJECTIONS**

**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 MD 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 25-50mg IM, Antihistamines, corticosteroids, IV fluids may be used when indicated.
6. Additional alternative measures may be individualized
  - a. A tourniquet may be placed proximal to the injection site. It should be released every five minutes for at least three minutes, and the total duration of tourniquet application should not exceed 30 minutes.
  - OR
  - b. 0.15-0.3ml of 1:1000 aqueous epinephrine may be injected into the site.
7. Monitor until stable. If no improvement, follow directions of MD on site or transport to the ER via Campus Police.
8. CPR for respiratory arrest, Begin CPR, Call Campus Police (X2677) to notify City Paramedics.
9. Report reaction to allergist.

Signature:   
Dr. Stella Winters, MD

Signature: \_\_\_\_\_  
Allergist Date

Print MD Name: \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

Academic Year: 2022-2023

**PLEASE COMPLETE AND RETURN WITH STANDING ORDERS**

**DUQUESNE UNIVERSITY HEALTH SERVICE**

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 Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_