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DIPLOMATE AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

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PATIENT INSTRUCTION / CONSENT SHEET FOR ALLERGY SKIN TEST

Skin Test: Skin tests are a method of testing for allergic antibodies. A test consists of introducing small amounts of the suspected substance, or allergen, into the skin and noting the development of a positive reaction, which consists of a wheal (swelling) and flare (a surrounding area of redness). The results are read 15 to 20 minutes after application of the allergen. The skin tests methods are:

Prick Method: The skin is pricked with a needle through a drop of allergen.

Intradermal Method: This method consists of injecting small amounts of an allergen into the superficial layers of the skin.

You will be tested to important Central Texas airborne allergens (trees, grasses, weeds, molds, dust mites and animal danders), and if needed, some foods. The skin testing appointment generally takes 2-3 hours. Prick test will be performed on the back and intradermal tests on the arms. If you have a specific allergic sensitivity to one of the allergens, a red raised, itchy hive (caused by histamine release in the skin) will appear on your skin within 15-20 minutes. These positive reactions will gradually disappear over a period of 30-60 minutes, and typically, no treatment is necessary for the itchiness. Occasionally local swelling at a test site will begin 4-8 hours after the skin tests are applied, particularly at sites of intradermal testing. These reactions are not serious and will disappear over the next few days. If you are scheduled for skin testing to antibiotics, local anesthetics, venoms or other biological agents, the same guidelines apply.

DO NOT

1. No prescriptions or over the counter antihistamines should be used 3-4 days prior to the scheduled skin testing. These include cold tablets, sinus tablets, hay fever medications, or oral treatments for itchy skin. Some of the names of these drugs include **Allegra**, Codimal **Entex**, Rescon, Semprex D, **Astelin**, Deconamine, Polyhistine D, Rondec, Tussi12, Atrohist, **Duratuss**, Pyribenzamine (PBZ), Rynatan/Ryna12, **Zyrtec**, **Patanol**, **Zaditor**, **Optivar**, **Elastat** and many others. If you have any questions whether or not you are using an antihistamine, please ask the nurse or Dr. Cook. Clarinex, Claritin D, and Claritin (Loratidine) should be avoided for 3 weeks.
2. Medications such as over-the-counter sleeping medicines (e.g., Nytol) and other prescribed drugs, such as Amitriptyline hydrochloride (Elavil), Hydroxyzine (Atarax), Doxepin (Sinequan), and imipramine (Tofranil) have antihistamic activity and should be discontinued at least two weeks prior to receiving skin tests. Please make Dr. Cook and the nurse aware of the fact that you are taking these medications so that you may be advised as to how long prior to testing you should stop taking them.

YOU MAY

1. You may continue on your intra-nasal allergy sprays such as, Beconase, Flonase, Nasacort, Nasarel, Nasalcrom, Nasalide, Nasonex, Rhinocort, and Vancenase.
2. Asthma inhalers, Accolate, Advair, Aerobid, Albuterol [Proventil, Ventolin] , Alupent Atrovent, Azmacort, Beclomethasone (Beclovent, Vanceril, and Serevent), Combivent, Flovent, Foradil, Intal, Maxair, Proventil HFA, Pulmicort, Serevent, Singulair, Tilade and oral Theophylline (Theo-Dur, Uniphyl, Theo-24, Slo-Bid, etc.) do not interfere with skin testing and should be used as prescribed.
3. Most drugs do not interfere with skin testing and should be used as prescribed. Please call our office **3-4 days prior** to your skin test with your questions regarding any medications.

Prior to your skin test appointment please let Dr. Cook or the nurse know:

1. If you are taking any beta blocker or certain glaucoma eyedrops or antidepressants. Beta Blocker may worsen allergic reactions and may prevent Adrenalin (epinephrine) from reversing anaphylaxis.
2. If you are pregnant.
3. If you have a fever or are wheezing, short of breath or using your rescue inahler more than two times a week. **(Skin testing will be rescheduled if your asthma is not well controlled)**
4. Any medications including over the counter medications you are taking (bring a list if necessary).
5. If you have ever fainted or have become faint when giving blood or receiving multiple injections.

Occasional reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose or throat; nasal congestion runny nose; tightness in the throat or chest; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. Mild reaction rate to puncture testing is 0.04%. The risk of adverse reaction to intracutaneous skin testing in the highest risk of patients is 1-2%. There have been 6 deaths from skin testing in the United States between 1945 and 1984. A subsequent study found no deaths from skin testing in the USA from 1985-1993. **PLEASE NOTE THAT THESE REACTIONS RARELY OCCUR. IN THE EVENT A REACTION WOULD OCCUR, THE STAFF IS FULLY TRAINED AND EMERGENCY EQUIPMENT IS AVAILABLE.**

After skin testing, you will meet with Dr. Cook, who will make further recommendations about your treatment.

We request that you do not bring small children with you when you are scheduled for skin testing unless they are accompanied by another adult who can sit with them in the reception room.

PLEASE DO NOT CANCEL YOUR APPOINTMENT SINCE THE TIME SET ASIDE FOR YOUR SKINTEST IS EXCLUSIVELY YOURS. IF FOR ANY REASON YOU NEED TO CHANGE YOU SKIN TEST APPOINTMENT, PLEASE GIVE US AT LEAST 3 DAYS (72 hours) NOTICE. DUE TO THE LENGTH OF TIME SCHEDULED FOR SKIN TESTING, A LAST MINUTE CHANGE RESULTS IN LOSS OF VALUABLE TIME THAT ANOTHER PATIENT MIGHT HAVE UTILIZED.

I have read the patient information sheet on allergy skin testing and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy skin testing and these questions have ben answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

PLEASE PRINT PATIENTS NAME: _____

PATIENT SIGNATURE: _____ **DATE SIGNED** _____
(OR PARENT IF PATIENT IS A MINOR)

WITNESS _____ **DATE SIGNED** _____