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PATIENT INSTRUCTIONS/CONSENT FORM FOR ALLERGY SKIN TESTING

Skin testing is a method to test for allergic antibodies. A test consists of introducing small amount of the suspected substance, allergen, into the skin and recording the response 20 minutes after application. A positive reaction consists of a wheal (swelling) and flare (surrounding area of redness). Interpreting the clinical significance of the skin test requires correlation of the test results with the patient's clinical history.

The skin test methods used are:

Prick-Puncture Method: The skin is prick-punctured with an applicator coated with allergen.
Intradermal Method: This method consists injecting small amounts of an allergen into the superficial layers of the skin.
Multi-Test Method (optional): Allergen solutions are placed on individual prongs of a multi-prong plastic device which is placed firmly on the back for 5 to 10 seconds, then removed.

You will be skin tested to important Metro Atlanta airborne allergens and possibly some of the major foods. These include trees, grasses, weeds, molds, dust mites, danders, and if necessary, milk, egg, pecan, peanut, and a few other foods. The skin testing appointment takes approximately 2-2 ½ hours. Prick-puncture test will be performed on your back and intradermal test on your upper arms. If you have a specific allergic sensitivity to an allergen, a red, raised itchy hive (caused by histamine release into the skin) appears on your skin within 15-20 minutes. These positive reactions, which will itch, will gradually disappear over 30-60 minutes, and typically, no treatment is necessary. Occasionally local swelling at the test site will begin 4 to 8 hours after the skin tests, particularly at the sites of the intradermal tests. These reactions are not serious and will gradually disappear over the next week or so. You may be scheduled for skin testing to antibiotics, canines, venoms, or other biological agents and the same guidelines apply.

MEDICATIONS YOU NEED TO STOP BEFORE TESTING:

Antihistamines block the histamine response making the test inaccurate.

- NO over-the-counter antihistamines should be used **5 days** prior to the scheduled skin testing. These include cold tablets, sinus tablets, hay fever medications, oral treatments for itchy skin, and over-the-counter sleeping medicines. Prescription antihistamines need to be stopped **7 days** prior to the skin test.

OVER-THE-COUNTER		PRESCRIPTION	
Actifed	Dristan	Allegra (5 days)	Clarinet
Alavert	Drixoral	AlleRx	Histussin HC
Benadryl	Rondec	AlleRx-D (do not	Phenergan
Claritin	Tavist	take on day of test)	Zyrtec
Dimetapp	Trinalin	Astelin Nasal Spray	

- Medications, such as over-the-counter sleeping medicines (e.g., **Nytol, Nyquil, and Tylenol PM**) should be stopped **5 days** before skin tests.
- Certain prescribed drugs have antihistaminic activity and should be stopped at least **2 weeks** prior to skin tests. These include **amitriptyline hydrochloride (Elavil), hydroxyzine (Atarax), doxepin (Sinequan), imipramine (Tofranil), Remeron, meclizine (Antivert)**, and others. Please make the doctor and medical staff aware of all

the medications you are taking so that you may be advised if and when and how long you should stop taking them prior to skin testing.

- Please let the medical staff know if you are taking a **beta blocker**, such as **Inderal, Lopressor, Tenormin**, and other. Do not take a beta blocker the morning of your skin test.
- Please let the medical staff know if you are taking an antidepressant or monoamine oxidase inhibitor.
- If you have any questions about any medicines after you get home today, please call to inquire about specific medications.

MEDICATIONS YOU MAY CONTINUE

- Continue on your intranasal allergy sprays such as (Atrovent, Beconase, Flonase, Nasacort, Nasalide, Nasarel, Nasonex, and Rhinocort) **except Astelin**.
- Afrin or Sudafed may be used temporarily, but not the day of testing.
- Continue asthma inhalers (albuterol [Proventil, Ventolin], Advair, Aerobid, Alupent, Atrovent, Azmacort, Brethaire, Flovent, Foradil, Intal, Maxair, Pulmicort, QVAR, Serevent, Tilade), and oral theophylline (Uniphyl, Theo-24). They do not interfere with skin testing and should be used as prescribed.

** Fasting is not necessary, and please avoid sunburns for one week before testing.

Please let the physician and the medical staff know:

- a) If you are pregnant
- b) If you have a fever or are wheezing
- c) ALL medications you are taking (bring a list)

A Physician is present during skin testing since occasional reactions may require therapy. These reactions may consist of any of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; light headedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. A severe reaction to skin testing has never occurred in this office, however, if one would occur, the staff is trained to treat you. A separate follow-up appointment will be scheduled and your physician will make further recommendations regarding 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 AREA.**
- **ANY ONE 17 YEARS OF AGE OR YOUNGER, MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN DURING THE ENTIRE PROCEDURE AND VISIT WITH THE PHYSICIAN.**
- **IT IS IMPERATIVE THAT YOU ARE ON TIME FOR THIS APPOINTMENT.**
- **PLEASE DO NOT CANCEL YOUR APPOINTMENT SINCE THE TIME SET ASIDE FOR YOUR SKIN TESTING IS YOURS FOR WHICH SPECIAL ALLERGENS ARE PREPARED.**
- **IF FOR ANY REASON YOU MUST CHANGE YOUR SKIN TEST APPOINTMENT, PLEASE GIVE US AT LEAST 72 HOURS NOTICE. A LAST MINUTE CHANGE RESULTS IN LOSS OF VALUABLE TIME THAT ANOTHER PATIENT COULD HAVE UTILIZED.**

PATIENT'S NAME: _____

You may be tested to selected foods. Have you had any reactions/allergies to egg, wheat, milk, fish, soy, peanut, pecan, shellfish, or others? _____ YES _____ NO

PHYSICIAN

DATE SIGNED

I have read the patient information form 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 been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against any reaction to skin testing

PATIENT
*Testing takes 2-2 ½ hours

DATE SIGNED

PARENT or LEGAL GUARDIAN
As parent or legal guardian, I understand that I
Must accompany my child throughout the entire
Procedure and visit.

DATE SIGNED

WITNESS

DATE SIGNED

TO BE COMPLETED BY MEDICAL STAFF (circle)

TYPE OF SKIN TEST:

SKIN TEST II MULTI – I II III VENOM PCN FOOD OTHER _____