

# LAURA ISPAS-PONAS, M.D.

## Patient Instruction/Consent Form for Allergy Skin Testing

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Skin Test:** Skin tests are methods 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, or flare in the surrounding area of redness). The results are read at 15 to 20 minutes after the application of the allergen. The skin test methods are:

**Prick Method:** The skin is pricked with a needle where a drop of allergen has already been placed.

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

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergic antibodies and are not necessarily correlated with clinical symptoms.

You will be tested to important airborne allergens and possibly some foods. These include, trees, grasses, weeds, molds, dust mites, animal danders and, possibly some foods. The skin testing generally takes 45 minutes. Prick (also known as percutaneous) tests are usually performed on your back but may also be performed on your arms. Intradermal skin tests may be performed if the prick skin tests are negative and are performed on your arms. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump (caused by histamine release into the skin) will appear on your skin within 15 to 20 minutes. These positive reactions will gradually disappear over a period of 30 to 60 minutes, and, typically, no treatment is necessary for this itchiness. Occasionally local swelling at a test site will begin 4 to 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 week or so. They should be measured and reported to your physician at your next visit. You may be scheduled for skin testing to antibiotics, caines, venoms, or other biological agents. The same guidelines apply.

### **DO NOT**

1. No prescription or over the counter oral antihistamines should be used 3 to 4 days prior to scheduled skin testing. These include cold tablets, sinus tablets, hay fever medications, or oral treatments for itchy skin, over the counter allergy medications, such as Claritin, Zyrtec, Allegra, Benadryl, and many others. If you have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor. In some instances a longer period of time off these medications may be necessary.
2. You should discontinue your nasal and eye antihistamine medications, such as Patanase, Astepro, Astelin, Bepreve, Pataday, Optivar, or at least 2 days before the testing. In some instances a longer period of time off these medications may be necessary. If you have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor. In some instances a longer period of time off these medications may be necessary.
3. Medications such as over the counter sleeping medications (e.g. Tylenol PM) and other prescribed drugs, such as amitriptyline hydrochloride (Elavil), hydroxyzine (Atarax), doxepin (Sinequan), and imipramine (Tofranil) have antihistaminic activity and should be discontinued at least 2 weeks prior to receiving skin test after consultation with your physician. Please make the doctor or 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 to use your intranasal allergy sprays such as Flonase Rhinocort, Nasonex, Nasacort, Omnaris, Veramyst, Zetonna, and QNasl.
2. Asthma inhalers (inhaled steroids and bronchodilators), leukotriene antagonist (e.g. Singulair, Accolate), and oral theophylline (Theo-Dur, T-Phyl, Uniphyll, Theo-24, etc) do not interfere with skin testing and should be used as prescribed.
3. Most drugs do not interfere with skin testing but make certain that your physician and nurse know about every drug you are taking (please bring a list of all current medications with you).

Skin testing will be administered at this medical facility with a medical physician or other health care professional present since 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. Please let the physician and nurse know if you are pregnant or taking beta-blockers. Allergy skin testing may be postponed until after the pregnancy in the unlikely event of a reaction to the allergy testing and beta-blockers are medications they may make the treatment of the reaction to skin testing more difficult.

*Please note that these reactions rarely occur but in the event a reaction would occur, the staff is fully trained and emergency equipment is available.*

After skin testing, you will consult with your physician or other health care professional who 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 room.

*Please do not cancel your appointment since the time set aside for your skin test is exclusively yours for which special allergens are prepared. If for any reason you need to change your skin test appointment, please give us at least 48 hours notice, due to the length of time scheduled for skin testing. A last minute change results in a loss of valuable time that another patient may have utilized.*

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*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 been 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.*

Patient: \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent or Legal Guardian:\* \_\_\_\_\_ Date signed: \_\_\_\_\_

*\*As Parent or Legal Guardian, I understand that I must accompany my child throughout the entire procedure and visit.*

Witness: \_\_\_\_\_ Date signed: \_\_\_\_\_