

CENTRAL COAST OTOLARYNGOLOGY

Patient Information and Instruction Form for Allergy Skin Testing

Skin Testing: 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.

Testing techniques: The most common skin testing method is the skin prick method. Usually 10 antigens can be placed at one time with each device on the arms or back with significantly less discomfort than a shot. An alternative method which is occasionally performed is the intradermal method which is placed in the same manner as a TB skin test.

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the history of exposure to that allergen. Positive tests indicate the presence of allergic antibodies and are not necessarily correlated with clinical symptoms.

You will be tested to locally important airborne allergens. These include, trees, grasses, weeds, molds, dust mites, and animal danders. The whole skin testing process generally takes 45 minutes. 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. A cream will be applied after testing to soothe the itchiness. Occasionally local swelling at a test site will begin 4 to 8 hours after the skin tests are applied. 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.

Refer to information sheet titled "Medications to stop prior to allergy skin testing". Please note that many over the counter cold, sinus, and sleep medications contain antihistamines in them which interfere with skin testing results. If you have questions about these please call the office.

You should continue taking asthma inhalers, Montelukast (Singulair) and nasal steroid sprays (Flonase (fluticasone), Nasonex (mometasone), Nasacort (triamcinolone), Rhinocort, Veramyst etc.)

CENTRAL COAST OTOLARYNGOLOGY

Skin Testing Consent Form

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 reactions to the allergy testing. If you are taking a beta-blockers please notify the staff and physician as these medications severe reactions to allergens difficult to treat.

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 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 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 name _____

Patient signature _____ Date signed _____

Parent or legal guardian signature* _____ Date signed _____

*as parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.

Witness _____ Date signed _____