



PRESCOTT VISION & EYE SURGERY CENTER

Patient Instruction/Consent Form for Allergy Skin Testing

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 method to be performed:

Prick (Scratch) Method: The superficial layer of the skin is pricked (scratched) and a drop of allergen extract is placed on the scratched surface 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 environmental airborne allergens. These include trees, grasses, weeds, molds, dust mites, and animal dander. The skin testing generally takes 15-20 minutes. The scratch tests are usually performed on your arms but may also be performed on your back.

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 minutes. These positive reactions will gradually disappear over a period of 30 to 60 minutes, and, typically, no treatment is necessary for this itchiness. Your physician will apply topical anti-itch medication to the test sites to alleviate any discomfort. Occasionally local swelling at a test site may begin 4 to 8 hours after the skin tests are applied. These reactions are not serious but should be reported to your physician at your next visit.

DO NOT.....

- 1. No prescription or over the counter oral antihistamines should be used 5 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, Actifed, Dimetapp, Benedryl, and many others. Prescription antihistamines such as Clarinex and Xyzol should also be stopped at least 5 days prior to testing. 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, Pataday, Astepro, Optivar, or Astelin **at least 5 days before the testing.** In some instances a longer period of time off these medications may be necessary. If you have any questions regarding the use of an antihistamine, please ask the nurse or the doctor.
- 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 5 days 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 and Nasarel.
2. Asthma inhalers (inhaled steroids and bronchodilators), leukotriene antagonists (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 including Over-the-Counters. (Please provide the doctor with a current list).

Skin testing will be administered at this facility under the supervision of your physician or other health care professional 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 that 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.

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 _____ 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 _____

