Skin Testing

What is it?
Skin testing is a method to test for allergic antibodies. This type of testing is the most common and is relatively painless. A very small amount of certain allergens is put into your skin by making a small indentation or “prick” on the surface of your skin. If you have allergies, just a little swelling will occur where the allergen(s) which you are allergic to was introduced. You don’t have to wait long to find out what is triggering your allergies. Reactions occur within about 15 minutes, and you generally won’t have any other symptoms besides the small hives where the tests were done, which go away within 30 minutes. If your prick skin tests are negative but your physician still suspects you might have allergies, more sensitive “intradermal” tests will be used in which a small amount of allergen is injected within the skin. Intradermal tests are not done on small children.

Which medications should I stop before the skin test?
Antihistamines block the histamine response making the test inaccurate. NO antihistamines should be used 7 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. 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. If you have any questions about any medicines after you get home today, please call to inquire about specific medications.

Which medications are OK to continue before the test?
All of the nasal allergy sprays are OK to continue taking with the exception of Astelin, Astepro, and Patanase. None of the asthma medications will interfere with the test results, and these should be continued. Singulair is a medication used to treat both allergies and asthma, and since it does not contain any antihistamines, it will not interfere with the test results.

Do I need to fast before the test?
Fasting is not necessary, and will not affect the results of your test.

Is a skin test dangerous?
The allergen extracts or vaccines used in allergy tests performed by allergists meet U.S. Food and Drug Administration (FDA) requirements, making them safe for use. Testing done by an allergist is generally safe and effective for adults and children of all ages. 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.

What other information do I need to know about before the test?
You should avoid sunburns for one week before testing since this will make testing difficult. Patients with a large amount of back hair should shave this area prior to the test since this will make testing more difficult.

Important notes:
• 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 VERY IMPORTANT THAT YOU ARE ON TIME FOR THIS APPOINTMENT.
### Medications to Avoid Before the Test

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral antihistamines</td>
<td>Allegra (fexofenadine), Zyrtec, Claritin (loratadine), Alavert, Clarinex, Xyzal (levocetirizine), Benadryl (diphenhydramine), AlleRx, Atarax (hydroxyzine), Aldex, chlorpheniramine</td>
</tr>
<tr>
<td>Cough &amp; cold medications</td>
<td>Actifed, Dimetapp, Dristan, Drixoral, Tavist, Trinalin, Histussin,</td>
</tr>
<tr>
<td>that contain antihistamines</td>
<td></td>
</tr>
<tr>
<td>Sleep aids</td>
<td>Nytol, Nyquil, Tylenol PM</td>
</tr>
<tr>
<td>Antihistamine nasal sprays</td>
<td>Astelin, Astepro, Patanase</td>
</tr>
<tr>
<td>Other medications</td>
<td>Phenergan, amitriptyline (Elavil), doxepin (Sinequan), imipramine (Tofranil), Remeron, meclizine (Antivert)</td>
</tr>
</tbody>
</table>

**Note:** This is only a partial list of medications that contain antihistamines, read labels carefully to determine if antihistamines are present.

### Medications to Continue Before the Test

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral allergy medications</td>
<td>Singulair</td>
</tr>
<tr>
<td>Nasal sprays</td>
<td>Flonase (fluticasone), Veramyst, Nasonex, Omnaris, Rhinocort, Nasocort, Atrovent (ipratropium), flunisolide</td>
</tr>
<tr>
<td>Asthma Medications</td>
<td>All are OK to continue</td>
</tr>
</tbody>
</table>
CONSENT FORM FOR ALLERGY SKIN TESTING

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, and I agree to undergo this test performed by the staff of Park Lane Allergy and Asthma Center.

________________________________________
PATIENT SIGNATURE

________________________________________
DATE SIGNED

________________________________________
PRINTED NAME OF PATIENT

________________________________________
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.

________________________________________
PHYSICIAN

DATE SIGNED

________________________________________
WITNESS

DATE SIGNED