

PATIENT INSTRUCTIONS FOR ALLERGY SKIN TESTING

What You'll Be Tested For

You will be tested for environmental airborne allergens, including trees, grasses, weeds, molds, dust mites, and animal dander. You will **not** be tested for food allergies, preservatives, chemicals, or medication allergies

About the Appointment

Testing takes approximately 60-90 minutes. We perform two types of tests. Skin Prick test involves applying small amounts of allergens to the skin's surface. Intradermal Testing involves a series of small injections placed just beneath the skin's surface. This method is used to detect allergies that may not be triggered by the skin prick test. Patients should expect multiple injections as part of the testing process, as a variety of environmental allergens are evaluated. Most patients tolerate the procedure well. If you are allergic to a tested allergen, a red, itchy bump may appear within 15 minutes and typically resolves within 30–60 minutes. Topical anti-itch medication will be applied after testing. Mild swelling or itching may occur several hours later and is generally not serious but should be reported to your physician.

Safety and Monitoring

1. Skin testing will be performed at our facility under medical supervision. A healthcare provider will be available if immediate treatment is needed. Possible reactions may include: itching (eyes, nose, throat), congestion, wheezing, lightheadedness, nausea, hives, or, rarely, anaphylaxis.
2. Please notify your nurse if you are pregnant. Allergy skin testing is elective and can be postponed until after the pregnancy.
3. Please notify your nurse if you are taking beta blockers as they can interfere with emergency treatment. Severe reactions rarely occur but should one occur, the staff is fully trained and emergency equipment is available.

Preparation Checklist

- Wear something short-sleeved or sleeveless to allow access to the entire upper arm.
- Do not apply any lotions or topical medications to the skin of the arms on the day of the test.
- Please do not bring small children unless accompanied by another adult to stay with them in the waiting area
- Please arrive within 15 minutes of your scheduled appointment time to avoid having to reschedule your appointment
- Try to avoid caffeine intake for 48 hours prior to your scheduled appointment

To ensure accurate test results, please follow these medication instructions:

Stop 5 Days Before

Oral Antihistamines • Allegra (fexofenadine) • Allegra-D • Zyrtec (cetirizine) • Xyzal (levocetirizine) • Claritin (loratadine) • Clarinex (desloratadine) • Tavist (clemastine) • Chlor-Trimeton (chlorpheniramine) • Dimetapp (brompheniramine)

Sedating Antihistamines / Sleep Aids • Benadryl (diphenhydramine) • Tylenol PM • Sominex (diphenhydramine) • Unisome (doxylamine)

Prescription Antihistamines • Atarax / Vistaril (hydroxyzine)

Antihistamine Nasal Sprays • Astepro (azelastine)

GI Medications (H2 Blockers) • Pepcid (famotidine) Zantac (ranitidine) • Tagamet (cimetidine)

Medications That Are OK to Take

- Asthma medications (Try to avoid inhalers for 6 hours prior to test, if possible)
- Flonase
- Tylenol, regular or extra strength (per directions only).
- Birth control medication
- Blood pressure medication - **EXCEPT BETA BLOCKERS**
- Hormones
- Diuretics (Fluid pills)
- Plain decongestants (those without antihistamines)
- Nasal irrigation solutions

Please notify your nurse if you are taking beta blockers as they can interfere with emergency treatment and will need to be stopped.

After Your Test

Once testing is complete, you may resume taking all of your medications. You will meet with your physician to review the results and discuss treatment options

Stop 3 Days Before

Nasal/Eye Allergy Medications • Patanase (olopatadine) • Astelin (azelastine) • Optivar (azelastine) • Visine-A • Generic allergy eye drops

High-Dose Vitamin C & Herbal Supplements • Garlic • Turmeric • Green Tea • Melatonin • Ginseng • Caffeine • Milk Thistle

Tricyclic Antidepressants (*consult your doctor before stopping*)

NSAIDs • Ibuprofen • Advil • Aleve • Aspirin • Naproxen



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ALLERGY TESTING POLICY & CONSENT FORM

PATIENT NAME (PRINTED): _____

DATE OF BIRTH: _____

I acknowledge that I have received a copy of the instruction sheet regarding my upcoming allergy testing and that I have read and understood the information provided. I am aware that there are specific medications and substances I must avoid prior to testing to ensure accurate results, and I agree to follow these instructions carefully.

I confirm that I have informed the nurse or medical staff of all known allergies. I have also had the opportunity to ask questions about the potential risks or side effects associated with allergy skin testing. All of my questions have been answered to my satisfaction, and I understand that appropriate precautions will be taken to minimize risk during the procedure.

I authorize Fort Worth ENT to perform allergy testing as recommended. I also authorize the office to provide any additional services necessary, including treatment for severe allergic reactions, which may require emergency medical care or transfer to a hospital or emergency room. I understand that Fort Worth ENT is not responsible for any costs associated with emergency treatment rendered outside of this office.

Late Arrival Acknowledgement

Please be advised that if you arrive more than 15 minutes late to your scheduled appointment, we may need to reschedule your visit.

No Show/Late Cancellation Acknowledgement

If you need to reschedule or cancel your allergy skin test appointment, we kindly ask for at least 72 hours' notice. Because these appointments require a significant amount of time, cancellations with less notice, or missed appointments, may result in a \$50 no-show fee

By signing below, I acknowledge that I have read, understood, and agree to all the terms outlined above.

Patient Signature _____ **Today's Date:** _____