



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Julie Malka, AuD

Allergy Testing Information

Allergy skin testing takes approximately 1 to 1 ½ hours. Please eat a light breakfast if you are scheduled for a morning appointment. **DO NOT SKIP BREAKFAST.** If you are scheduled for an afternoon appointment, please eat a light lunch. **DO NOT SKIP LUNCH.** We use both prick (where a needle or pin containing a small amount of the allergen will penetrate the outer most layer of skin) and intradermal (a tiny amount of allergen is injected under the top layer of skin with a very thin needle) skin testing methods. This can be applied to both the arms and/or your upper back. Please wear a loose fitting, short sleeve shirt/blouse.

Before skin testing begins, we will ask you for a list of medications (over the counter and prescriptions) you have taken in the last 5 days. We will also review the allergy questionnaire that is included for you to complete, so please bring this in with you the day of your allergy test. **Attached is a sample list of medications that should be stopped 5 days prior to your allergy test date.** If you have any questions regarding a specific medication, please ask the allergy technician or staff nurse.

After the allergens are applied, the test site is checked for redness and/or “wheal” size. (Wheal is a tiny red bump that resembles a mosquito bite.) This area may itch while testing, **PLEASE DO NOT SCRATCH.** If no skin response results, then you are not considered allergic to that allergen. Results from your allergy test will be read the same day so you will know what your results. Most patients tolerate the allergy testing very well.

Once we determine what you are allergic to, we will review these results with you. It may be necessary for you to make some changes in your environment. Before you leave the office, you will have a better understanding of your allergies and what you can do to help control them.

Once your allergies have been confirmed, treatment strategies may include:

- Adding oral antihistamines and/or prescription nasal sprays.
- Decreasing exposure to the offending allergen. Avoidance is a cornerstone of allergy treatment. You may need to make some changes in your home/work environment.
- If symptoms persist despite environmental changes and medication you may be a candidate for allergy immunotherapy (allergy injections).



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- Each patient's allergy problems are unique. Once we confirm what substances you are allergic to, we will tailor a treatment plan that will best work for your specific allergy needs.

Medications to Stop for Allergy Testing

It is important to know what medications to stop prior to Allergy Testing because some medications may alter your test results.

So here is a list to stop **5 days** prior to testing:

Allegra (Fexofenadine)	Tavist of Antihist (Clemastine)
Atarax or Vistaril (Hydroxyzine)	Actifed
Zyrtec (Cetirizine)	Aller-Chlor
Dimetapp (Brompheniramine)	Bromfed
Benadryl (Dipheniramine)	Drixoral
Chlor-Trimeton (Chlorpheniramine)	Dura-Tab
Clarinox (Desloratadine)	Novafed-A Ornade
Caritin (Loratadine)	Poly Histine-D
Phenergan (Promethazine)	Trinalin (Combination Medications)
Meclizine (Antivert)	Xyzal (levocetirizine)



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Stop taking these medications the **night** before your allergy test:

Singulair (Montelukast) Accolate (Zafirlukast) Axid (Nizatidine)	Zantac (Ranitidine) Pepcid (Famotidine) Tagament (Cimetidine)
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You may continue to take any Asthma medications. If you are on Asthma medications, please bring these with you to your appointment.

If you are taking oral antihistamines that are not listed above, please discontinue the medication **5 days** prior to allergy testing. If you are not sure a medication you are taking is an antihistamine, please call our office or your local pharmacy to verify.

If you have any questions prior to allergy testing please feel free to call us at

843-863-1188.

General List of Beta Blockers

Beta blockers are prescription medications used to treat many different conditions such as high blood pressure (hypertension) or irregular heart rhythms, migraines, glaucoma (arrhythmias) or even some depression.

If you are taking any of the following medications for a medical condition, please contact our office prior to your appointment. **Telephone: (843) 863-1188**

Acebutolol (Sectral) Atenolol (Tenormin) Betaxolol (Kerlone, Betopic) Bisopropol (Zebeta) Esmolol (Brevibloc) Nebivolol (Bystolic) Metoprolol (Lopressor, Toprol-XL)	Carteolol (Ocupress) Penbutolol (Ilevatol) Pindolol (Visken) Carvedilol (Coreg, Coreg CR) Labetalol (Trandate) Metipranolol (Optipranolol) Nadolol (Corgard)	Levobunolol (Betagan) Propranolol (Inderal, Inderal LA, InnoPran XL) Sotalol (Betapace, Sorine) Timolol (Betimol, Blocadran, Isalol, Timoptic)
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Consent for Allergy Testing

Patient Name: _____

Date: _____ Time _____ a.m./p.m.

Patient DOB: _____ Patient ID #: _____

Generalized Reactions: Generalized reactions occur rarely but are the most important because the potential danger of progression to collapse and even death if not treated. These reactions may include but are not limited to:

1. **Urticarial reactions (hives)** include varying degrees of rash, swelling, and or itching of more than one part of the body. There may be mild to moderate discomfort, primarily from the itching. This uncommon reaction may occur within minutes to hours after applying antigens while performing allergy testing.
2. **Angioedema** is rare and is characterized by swelling of any part of the body, inside or out, such as ears, tongue, lips, throat, hands or feet, alone or in any combination. This may occasionally be accompanied by asthma and may progress to the most severe reaction, anaphylactic shock. In the absence of shock, the principle danger lies in the suffocation due to swelling of the airway. Angioedema may occur within minutes after applying antigens while performing allergy testing and requires immediate medical attention.
3. **Anaphylactic Shock** is the rarest complication, but is a serious event characterized by acute asthma, vascular collapse (low blood pressure), unconsciousness, and potential death. The reaction usually occurs within minutes of applying antigens while performing allergy testing and is **extremely rare**.



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The potential risk involved with allergy testing has been explained to me, including allergic reactions, anaphylaxis, and even death. The opportunity has been provided for me to ask questions regarding the potential risks of allergy testing, and these questions have been answered to my satisfaction. I understand that precautions will be carried out to protect me from adverse reactions while allergy testing is being performed.

I do hereby give permission to proceed with allergy testing.

_____ (**initial**) I hereby give authorization and consent for treatment for any reactions that may occur as a result of allergy testing. I have read the information in the consent form and understand it.

_____ (**initial**) I have read the provided educational materials and had the opportunity to ask questions and have them answered to my satisfaction regarding allergy testing. I understand the nature, risks, and benefits as explained above.

Printed Name of Patient

Date

Signature of Patient/Parent/Legal Guardian

Date

Witness Signature

Date

Signature of Ordering Physician

Date

Revised 7/19/2017