

TEXAS ALLERGY & BREATHING CENTERS

Yousef Kayyas, M.D., FACP

Board Certified Internal Medicine

Board Certified Sleep Medicine

Board Certified Critical Care Medicine

Board Certified Pulmonary Diseases

1611 N Belt Line Rd, Ste. C

Mesquite, Texas 75149

Phone 972-288-3471

Fax 972-288-7445

Rules and regulations for Allergy Testing

Allergy Testing is a diagnostic procedure performed on people who are suspected of having allergies.

Reactions may include: itchy, watery eyes, sneezing, coughing, and rash and may cause complications for asthmatic patients.

We will perform a skin scratch test. This is a procedure that is performed by using small skin picks to slightly scratch the surface of the skin on the back. Each scratch site exposes the patient to a specific allergen. Sites with significant reaction indicate allergy. We test for 54 allergens which include trees, grasses, weeds, molds, and common household pets/livestock.

Instructions are as followed:

(Pre test)

1. **DO NOT** take (ANY) antihistamines 72 hours prior to testing date.

Follow names are:

- Clarenix
- Claritin
- Zyrtec
- Allegra
- Benadryl
- Anti-depressant and Atarax.

2. The back of the patient needs to be shaved and clean (**MEN**) **ONLY!!!!!!!**
3. Be prepared to lay flat on your stomach for the post test of duration of 20 min.
4. The test will be read by the physician and a determination of treatment will follow.

(Post Test)

1. You will be given (3) prescriptions that will need to be filled immediately. They are listed below:
 - EPIPEN 0-3mg Ampule 1x IM PRN #1
 - PREDNISON 20mg tabs #12
 - BENADRYL 50mg tabs #50
2. Instructions for these medications will be given at the time of visit.

Immunization:

Immunizations for the allergens that test positive can be administered in the office. This immunization process includes a series of serum injections that are given over several visits. The injections start on a bi-weekly basis and will eventually reduce down to once a month. The long term goal of the immunizations is to prevent allergic reactions and their attendant symptoms.

World Allergy Organization Guidelines for Prevention of Allergy and Allergic Asthma

House Dust Mite Allergen Reduction

Aims to reduce the amount of mite allergens in the home

Major Strategies

(WHO Strength of Recommendation A)

- Wash bedding regularly (every 1-2 weeks) at 55-60C, if possible, to kill mites (washing with cold water removes 90 % of mite allergens; washing at 55-60C kills mites but does not denature mite allergens).
- Wash pillows and duvets in hot water 55-60C and encase pillows mattresses with documented protective coverings.
- Sufficient ventilation of dwellings to decrease humidity; aim to reduce indoor relative humidity to below 50% and avoid damp housing conditions.

Additional Strategies

- Use a good quality vacuum cleaner (if possible one fitted with HEPA filter).
- Use a damp duster when dusting and cleaning surfaces.
- Replace wall-to-wall carpets with linoleum or wooden floors which can be wiped clean.
- Remove/reduce curtains and soft furnishings in the bedroom.
- Replace fabric-covered seating with leather or vinyl.
- Remove soft toys from the bedroom; wash them at 55-60C or freeze them (in a kitchen deep-freezer) to kill house dust mites.
- Do not allow pets in the bedroom.
- House dust mites are transparent and have no natural protections against sunlight. Exposure of mattresses, rugs and carpets to direct strong sunlight (for more than 3 H) kills mites and can be used in appropriate regions.
- A hammock, easily washable and susceptible to air and sun drying, is used in many areas of the world.

Pollen Avoidance

Provides mechanical barriers to pollen contact

- Keep windows closed at peak pollen times, e.g., in the evening when airborne pollens descend to lower altitudes.
- Wear glasses or sunglasses to prevent pollens entering the eyes.
- Consider wearing a mask over nose and mouth to prevent inhalation of pollens at peak time.
- Do not cut grass yourself.
- Keep windows closed when the grass has been mown.
- Use air-conditioning if possible.
- Install car pollen filters if possible.

Pet Allergen Avoidance

Reduces the amount of pet allergen indoors

- If possible, find another home for the pet, and do not bring new animals into the home.
- Exclude pets from bedrooms and if possible keep pets outdoors.
- Vacuum carpets, mattresses and upholstery regularly, if a power source and equipment are available.
- Change clothes before going to school/work if you have attended your horse/cat/dog.

World Allergy Organization Guidelines for Prevention of Allergy and Allergic Asthma

Cockroach Allergen Avoidance

Removes the cockroaches, eliminates the places and conditions in which they can live, and removes allergens

- Eradicate cockroaches with appropriate insecticides.
- Seal cracks in floors and ceilings.
- Remove sources of food.
- Control dampness.
- Scrub floors with water and detergent to remove allergens.
- Bedding, curtains and clothing can be contaminated and must be washed.

Mold Allergen Avoidance

Prevents mold from growing, and mold spores from becoming airborne during mold removal

Indoors

- Use dehumidifiers in the home if relative humidity is constantly high (above 50%).
- Ensure heating, ventilation or air-conditions systems are properly maintained.
- Use 5% ammonia solution to remove mold from bathrooms and other contaminated surfaces.
- Replace carpets with hard flooring; replace wallpaper with paint.
- Repair indoor water damage immediately.

Outdoors

- Avoid cutting grass in late summer when mold spores are present in decaying vegetation.

Allergic Asthma and Allergic Rhinitis

Appropriate actions for guided self-management include

1. Developing good communication between patient and physician to improve patient compliance.
2. Promoting understanding about the basic facts causes and triggers of allergic asthma/allergic rhinitis.
3. Identifying and controlling factors that aggravate asthma/rhinitis symptoms and provoke exacerbations.
4. Following a written action plan to avoid or handle exacerbations.
5. Emphasizing the importance of proper drug use and correct use of spacers and inhalers, for long-term control.
6. Monitoring symptoms and peak flow values in persistent asthma and adjusting medication accordingly.
7. Educating to decrease reliance on unproven treatments.

Eczema

Educational programs in eczema should include

1. Informing about nature, heredity, causes and triggers of eczema.
2. Identification and avoidance of individual provocation factors, skin care and treatments options, including complementary therapies.
3. Discussion of diagnosis and treatment of food allergies and adequate nutrition in childhood.
4. Behavior-oriented psychological intervention to interrupt the itching-scratching cycle.
5. Training to improve stress-management and reduce the negative social effects of illness-specific problems.

Asthma & Lung Consultants

Yousef Kayyas, M.D., FACCPC

Allergy History

Last Name: _____ First Name: _____ Date: ___/___/___

Check Conditions Affecting Symptoms

1. During which months do symptoms occur?

- All months January February March April May June
 July August September October November December

2. Are symptoms worse?

- Morning Afternoon Evening Night At home At work/school
 Other, location: _____

What do you think makes it better? _____

What do you think makes it worse? _____

What do you think causes the problem? _____

3. Do symptoms interfere with your activities?

- Not at all A little Moderately All the time

Check items that affect your symptoms

- Irritants** Cleanser Detergent Cooking odor Perfume
 Powder Tobacco Smoke Other smoke, specify: _____
 Moth balls Motor fumes Paint lacquer Wax
 Glue Insect spray Fertilizers Ammonia
 Room deodorants Chemical fumes Clorox Other: _____
- Toiletries** Soap Shampoo Shaving cream Aftershave
 Spray deodorant Hair spray Hair tonic Hair dye
 Hand cream Make-up Toothpaste Denture cream
 Mouthwash Nail polish Other: _____
- Foods** Milk Cheese Eggs Fish
 Shellfish Nuts Chocolate Alcohol
 Wine Beer Juices Spices
 Vegetables Strawberries Wheat products Very cold liquids
 Other: _____

Pets

Which of these do you have as pets:

- Dog Cat Bird Horse
 Hamster Rabbit Other: _____

Is your condition worse around pets?

- Yes No

Specify: _____

Asthma & Lung Consultants

Yousef Kayyas, M.D., FACCPC

Allergy History

Drugs	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Over-the-counter drugs, specify: _____	
<input type="checkbox"/> Other: _____				
Weather	<input type="checkbox"/> Hot	<input type="checkbox"/> Cold	<input type="checkbox"/> Humid	<input type="checkbox"/> Damp
	<input type="checkbox"/> Pollution	<input type="checkbox"/> Smog	<input type="checkbox"/> Sunlight	<input type="checkbox"/> Air-conditioning
New (unwashed) Clothing	<input type="checkbox"/> Wool	<input type="checkbox"/> Silk	<input type="checkbox"/> Sweater	<input type="checkbox"/> Coat
	<input type="checkbox"/> Shoes	<input type="checkbox"/> Dry-cleaned clothes	<input type="checkbox"/> Starched clothes	<input type="checkbox"/> Other: _____
Contact ants	<input type="checkbox"/> Poison ivy	<input type="checkbox"/> Cut grass	<input type="checkbox"/> Cut flowers	<input type="checkbox"/> Household plants
	<input type="checkbox"/> Hay	<input type="checkbox"/> Christmas trees	<input type="checkbox"/> Plastic	<input type="checkbox"/> Rubber
	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Dust	<input type="checkbox"/> Wool blankets	<input type="checkbox"/> Feather pillows
	<input type="checkbox"/> Mattress	<input type="checkbox"/> Furs	<input type="checkbox"/> Rugs	<input type="checkbox"/> Overstuffed
furniture	<input type="checkbox"/> Rug pads	<input type="checkbox"/> Stuffed toys	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Shoe polish
<input type="checkbox"/> Other: _____				

Check symptoms experience

Nasal	<input type="checkbox"/> Itching	<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Nasal discharge	<input type="checkbox"/> Polyps
	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Nasal bleed	<input type="checkbox"/> Post nasal drip	<input type="checkbox"/> Hoarseness
Sinus	<input type="checkbox"/> Sinus pain	<input type="checkbox"/> Recurrent sinusitis		
Skin	<input type="checkbox"/> Rash	<input type="checkbox"/> Hives	<input type="checkbox"/> Eczema	<input type="checkbox"/> Blisters
	<input type="checkbox"/> Itching			
Eye	<input type="checkbox"/> Burning	<input type="checkbox"/> Redness	<input type="checkbox"/> Tearing	

Previous Allergy Treatment

1. Have you ever been treated with Allergy Shots?

Yes No

If yes, what were you treated for?

Grass pollens Molds Weed pollens Dust
 Tree pollens Animals

2. Did the Allergy Shots help you?

Yes No Don't know

3. What years were the shots taken?

_____ to _____

Other Information

Please note below any other information you would like to add

I certify the answers given above are true and correct to the best of my knowledge. I authorize the information above may be transmitted to other health care providers or business associates as described by the HIPAA law.

Signature: _____ Date: ____/____/____

Asthma & Lung Consultants

Yousef Kayyas, M.D., FACCP

Board Certified Internal Medicine
Sleep Medicine
Board Certified Critical Care Medicine
Pulmonary Diseases

Board Certified

Board Certified

2692 North Galloway Avenue, Suite 401 Mesquite, Texas 75150 Phone 972-288-3471 Fax 972-288-7445

INFORMED CONSENT FOR ALLERGY TESTING

In order to determine an appropriate plan of medical management, I hereby consent to engage voluntarily in allergy testing. The information thus obtained will determine the most effective course of therapy.

The testing will be performed in the office with the patient lying on the stomach. There will be small pricks on the skin for allergens to be placed and then measured to determine what allergies you have. You will have to lie on your stomach for 20-30 minutes.

Allergy testing has been historically safe; however, there is a possibility of complications including, but not limited to, increased blood pressure, decreased blood pressure, and shortness of breath, Anaphylactic shock, and possibly death.

I hereby release Dr. Kayyas and DFW Asthma and Lung Consultants PA from responsibility for any and all adverse reactions and hold them harmless for any damages.

I have read and understand the foregoing. Any questions which may have occurred to me have been answered to my satisfaction.

Patient Signature

Date

Technician Supervising Test

Date

Witness Signature

Date