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 takes (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., FACCP

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 □ Cloroxy □ 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., FACCP

### Allergy History

<table>
<thead>
<tr>
<th>Drugs</th>
<th>□Penicillin</th>
<th>□Sulfa</th>
<th>□Over-the-counter drugs, specify:_________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weather</th>
<th>□Hot</th>
<th>□Cold</th>
<th>□Humid</th>
<th>□Damp</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Pollution</td>
<td>□Smog</td>
<td>□Sunlight</td>
<td>□Air-conditioning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New (unwashed)</th>
<th>□Wool</th>
<th>□Silk</th>
<th>□Sweater</th>
<th>□Coat</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Pollution</td>
<td>□Smog</td>
<td>□Sunlight</td>
<td>□Air-conditioning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clothing</th>
<th>□Shoes</th>
<th>□Dry-cleaned clothes</th>
<th>□Starched clothes</th>
<th>□Other:_________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact ants</th>
<th>□Poison ivy</th>
<th>□Cut grass</th>
<th>□Cut flowers</th>
<th>□Household plants</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Hay</td>
<td>□Christmas trees</td>
<td>□Plastic</td>
<td>□Rubber</td>
<td></td>
</tr>
<tr>
<td>□Fiberglass</td>
<td>□Dust</td>
<td>□Wool blankets</td>
<td>□Feather pillows</td>
<td></td>
</tr>
<tr>
<td>□Mattress</td>
<td>□Furs</td>
<td>□Rugs</td>
<td>□Overstuffed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>□Rug pads</th>
<th>□Stuffed toys</th>
<th>□Jewelry</th>
<th>□Shoe polish</th>
</tr>
</thead>
</table>

### Check symptoms experience

<table>
<thead>
<tr>
<th>Nasal</th>
<th>□Itching</th>
<th>□Nasal congestion</th>
<th>□Nasal discharge</th>
<th>□Polyps</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Sneezing</td>
<td>□Nasal bleed</td>
<td>□Post nasal drip</td>
<td>□Hoarseness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sinus</th>
<th>□Sinus pain</th>
<th>□Recurrent sinusitis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>□Rash</th>
<th>□Hives</th>
<th>□Eczema</th>
<th>□Blisters</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Itching</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye</th>
<th>□ Burning</th>
<th>□Redness</th>
<th>□Tearing</th>
</tr>
</thead>
</table>

### 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

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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: ___/___/___
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 hear-by 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

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