
ALLERGY TESTING INSTRUCTIONS

Your appointment time is _____

Please make every effort to keep your appointment as our nurses reserve 2 to 3 hours of time for your allergy testing session. We would appreciate a minimum of 24 hours' notice if you find it necessary to cancel or reschedule.

Allergy skin testing sets and allergy serum are prepared with diluent containing human serum albumin, a highly purified blood plasma protein that acts as a stabilizing agent. Testing is done on the upper arms and back. **Wear a sleeveless shirt and bring a button shirt that can be put on backwards.** Be sure to eat breakfast/lunch before your test.

Parents: Don't bring infants or young children to your appointment as skin testing can be lengthy and the nurse needs to be able to concentrate on performing your test.

You cannot be tested or start allergy injections if you are taking a beta blocker (see list). Beta blockers are prescription medications commonly used to treat high blood pressure, heart disease, glaucoma, and migraine headache prophylaxis. Do not discontinue these medications on your own—this can only be done by the prescribing physician.

Seven (7) days prior to your test stop taking the following:

- Antihistamines (see list)
- Decongestant/antihistamine combinations (see list)
- Astelin and Patanase, prescription antihistamine nose sprays
- Any over-the-counter allergy medicine, cough & cold remedies, or sleep aides
- The antiulcer drugs Pepcid, Zantac, and Tagamet
- Vitamin C
 - ****Important!** If you take multivitamins containing Vitamin C, discontinue 7 days prior to testing. If you take supplemental Vitamin C 500 mg, discontinue 2 weeks prior to testing. If you take Vitamin C 1000mg, discontinue one month prior to testing. Avoid foods high in Vitamin C for three days prior to testing, such as tropical fruits, citrus fruits and juices, red/yellow/green bell peppers, broccoli, strawberries, cantaloupe, watermelon, cranberries, blueberries, dark leafy greens, potatoes with the skin on, tomatoes, and chilies.

You may continue taking antibiotics, asthma medications and inhalers, nasal **steroid** sprays (except Dymista), Ipratropium Bromide and decongestants that are **not** combined with an antihistamine. Do not stop taking antidepressant or anti-anxiety medications unless directed by provider. Continue Montelukast and steroids if prescribed.

It is your responsibility to call your insurance company to inquire about deductibles and coverage for allergy serum, allergy injections and allergy testing. If you have a deductible or co-insurance due, we will collect that on the day of your appointment. Should you have any questions, please call 327-4429 and ask to speak with the pre-authorization secretary.

Medication List for Skin Testing

Antihistamines

Actifed (triprolidine)	PBZ (tripelennamine)
Allegra (fexofenadine)	Pertactin (cyproheptadine)
Antivert/Bonine (meclizine)	Phenergan (promethazine)
Atarax (hydroxyzine)	Polyhistine (phenyltoloxamine)
Benadryl (diphenhydramine)	Seldane (terfenadine)
Bromfed (brompheniramine)	Semprex (acrivastine)
Chlor-trimeton (chlorpheniramine)	Tavist/Dayhist-1 (clemastine)
Clarinet (desloratadine)	Unisom (doxylamine)
Claritin/Alavert (loratadine)	Xyzal (levocetirizine)
Dramamine (dimenhydrinate)	Zyrtec (cetirizine)

Combination Decongestant & Antihistamines

Allegra-D	Pannaz	Semprex-D
Claritin-D	Polyhistine-D	Seldane-D
Naldecon	Rynatan	Tavist-D

Antihistamine Eye Drops & Nasal Sprays

Astelin (azelastine)
Dymista (azelastine/flutisone)
Pazeo/Pataday (olopatadine hydrochloride)
Patanase (olopatadine hydrochloride)

Beta Blockers

AK Beta/Betagan (levobunolol)	Lopressor (metoprolol)
Betapace (sotalol)	Normodyne (labetalol)
Betimol/Timoptic/Istalol (timolol)	Sectral (acebutolol)
Betoptic (betaxolol)	Tenoretic (atenolol & HCTZ)
Cartrol/Occupress (cartedolol)	Timolide (timolol & HCTZ)
Coreg (carvedilol)	Toprol-XL (metoprolol)
Corgard/Corzide (nadolol)	Trandate (labetalol)
Inderal (propranolol)	Visken (pindolol)
Inderide (propranolol & HCTZ)	Zebeta (bisoprolol)
Kerlone (betazolol)	Ziac (bisoprolol & HCTZ)
Levatol (penbutolol)	

Do You Suffer from Allergies?

An **allergy** is an abnormal reaction of the body to one or more substances that are harmless to most people. An **allergen** is a substance that causes an allergic reaction. The most common sources of allergens are pollens from trees, grasses and weeds, house dust, mold, animals, food, drugs and stinging insects. **Allergic reactions** can also be caused or worsened by exposure to cigarette smoke, chemicals, metals, paint fumes, solvents and perfume, and weather factors such as sunlight, humidity, heat or cold.

Pollen is the male fertilizing agent of trees, grasses, and weeds. It is composed of microscopic powdery granules which are emitted into the air during pollination season. **Pollen counts** measure the amount of airborne allergens present and are reported as grains per cubic meter of air. Pollen counts may vary widely from day to day during a season. The weather does have an influence on allergy symptoms. Hot, dry, windy days signal high pollen activity, while pollen is not readily disseminated on cloudy, rainy days.

People who are allergic produce excessive amounts of **IgE antibodies**. The IgE antibodies over-react when they are exposed to an allergen, which the immune system considers a foreign intruder. They attach themselves to mast cells lining the eyes, nose and air passages. This causes the release of several body chemicals, including **histamine**, that then cause the symptoms of an IgE-mediated allergy.

The symptoms of an allergy may occur in any area of the body and in different areas of the body at the same time. Allergic reactions most frequently occur:

- **In the nose as allergic rhinitis or hay fever**—with nasal congestion, itching, sneezing, and a runny, watery discharge
- **In the lungs as asthma**—with chest tightness, wheezing and shortness of breath
- **In the eyes as conjunctivitis**—with itching, redness and tearing
- **On the skin as...**
 - **Eczema**—with an itchy rash that often appears in skin creases of the arms, legs, and neck, but can occur anywhere on the body
 - **Contact dermatitis**—with an itchy, oozing rash
 - **Hives**—with itchy welts of different sizes that often appear on the skin, lips and inside the mouth or ears
- **In the digestive tract**—with stomach cramps, vomiting and diarrhea

An allergic tendency may be inherited. It is very likely a person will develop an allergy if either or both parents had them, although not always to the same allergens. The first symptoms of allergy may occur at any age, however, people who are prone to allergy are more likely to develop symptoms during childhood. **An allergy is not outgrown.** In some cases, the symptoms of allergy may seem to disappear by themselves. However, a high percentage of infants who suffer from allergic eczema will eventually develop asthma and other respiratory problems related to their allergy. In addition, some people who suffer only mild, occasional allergy symptoms in their early years will develop more severe problems later that tend to remain year-round. While an allergy is a physical disorder, strong emotional stress and strain may over stimulate the nervous system to worsen or even trigger allergic symptoms.

The cause of your problem must first be identified. If you have an allergy, the source of the substances that cause your symptoms could be indoors, outdoors or even the foods you eat. Therefore, it is important that your physician knows as much as possible about your family background and living habits, including when and where your symptoms flare up or worsen. Your personal allergy case history may provide clear-cut evidence of what allergen may be responsible for your symptoms. If your history only suggests likely causes of your allergy, **skin testing or RAST** may be performed to confirm the substances causing your allergy. Both tests measure how sensitive you are to the allergens.

Intradermal skin tests are performed with a series of injections placed just under the surface of the skin using small amounts of different concentrations of liquid extract from a testing set of thirty allergens. The size of the resulting wheal is measured in millimeters to determine a positive or negative response. Intradermal skin testing is the most sensitive allergy test and the preferred method of testing in this practice. Unlike skin tests, **RAST** (radioallergosorbent test) is performed in a laboratory from a blood sample. RAST may be ordered for young patients who would not be able to tolerate numerous intradermal injections, if there is a skin condition which would interfere with skin testing, if there is a high risk of a systematic reaction to skin testing (for example, in patients with severe asthma), if medication is taken that might influence skin test results, or for those who are truly needle phobic.

Allergic reactions can be prevented or successfully controlled. The best way to prevent reactions is to avoid coming into contact with allergens. However, if you are allergic to inhalant allergens such as house dust or seasonal pollens, it is almost impossible to avoid contact with them. If you develop only mild to moderate symptoms with exposure to allergens, your problem might be successfully controlled by using **antihistamines** or **decongestants** as prescribed by your physician. If you develop severe, uncontrollable symptoms your physician may prescribe **immunotherapy (allergy shots)**. This treatment consists of weekly injections of small, gradually increased amounts of allergens over an extended period of time. The goal of immunotherapy is to gradually build up your immune system's tolerance to a point where no more than a minor reaction might occur if you are exposed to the allergen. The average length of time a person is on allergy shots is three to five years. Research has shown that allergy shots provide partial to complete relief of symptoms in the majority of patients.

If you have any questions you may contact the Allergy Department at Pinon Hills ENT by calling (505) 327-4429.