

TEXAS REGIONAL ASTHMA AND ALLERGY CENTER, L.L.P.

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Preparing for Penicillin Skin Testing

Penicillin skin testing involves administering gradually increasing doses of Penicillin to determine a patient's sensitivity to the drug. Testing will begin with a very dilute dose of Penicillin, gradually increasing in strength. Doses will continue to be given either until all doses have been tested without a reaction, or until there is a positive skin reaction, at which point the testing will be discontinued.

The Penicillin test will take approximately 3-4 hours. Initially the staff will perform a skin prick test to histamine, which will ensure that all antihistamine is completely out of the system prior to testing. Testing will consist of about 12-15 tests which are skin prick tests and/or intradermal injections, which is an injection of a small amount of medication under the skin of your arm, using a very small needle. There will be about 15-20 minutes between each dose. One of the office staff will contact you prior to your test with further instructions.

In most situations once all strengths of Penicillin have been skin tested **without** a reaction, you will be given a half dose of Amoxicillin. After 30 minutes, if there is no reaction, you will be given the other half of the dose of Amoxicillin. In some cases, based on the patient's reaction history, the dosing schedule may take longer. You will be required to wait an additional 60 minutes after the last dose of Amoxicillin to ensure that there is no reaction. **You may be required to pick up the Amoxicillin at the pharmacy before your test.**

The preparation of the Penicillin is not done until the patient arrives for their appointment here in the office due to the limited shelf life of the drug once it's reconstituted. After you have been checked in and escorted to the exam room, please allow about 15-20 minutes for the staff to prepare for and start your test.

You must be sure to stop all antihistamines for 7 days prior to your test! If you are taking a beta blocker medication (these medications may be used for high blood pressure, heart disease, migraines or glaucoma), it may be necessary for you to have the medication changed or stopped prior to your test. Please consult your physician who ordered these medications prior to stopping them. If you are unsure of any of the medications you are taking please contact our office at **817-421-0770**. If you are pregnant, or could be pregnant, please notify the office staff during check in **prior** to the test.

As with all testing there is a risk that the patient may have an adverse reaction resulting from the procedure. As is the case with all adverse reactions, they may be mild to severe. Although the chances of an adverse reaction to the testing procedure are very low, testing will only be performed after a consent form has been signed by the patient or their guardian.

If there are any problems making your scheduled date, or you need to delay your test please let us know as soon as possible. There will be a \$100 charge for a late cancellation of no show.

Date of Test: _____ @ _____ am/pm

****Call your insurance company to find out your benefits****

Codes Needed: CPT 95018 Scratch, Drug X 8 Scratches and IDs X 7 IDs
CPT 95076 Ingestion Challenge Test
CPT J0561 Penicillin G Injection 1,000,000 u/ml