

**CONSENT FOR PENICILLIN
ALLERGY SKIN TEST PROCEDURE**

Patient Name:

Date:

PROCEDURE

Skin testing is a method of detecting "allergic antibodies" in the system that may be a cause of allergy symptoms. The tests consist of introducing a small amount of the suspected substance, or "allergen," into the skin and noting the development of a positive reaction (which consists of a wheal or "hive" with a surrounding area of redness). The results are measured 15-20 minutes after the application of the allergen. The skin test methods that are to be used today to evaluate for possible penicillin allergy include:

Prick Method: A needle is used to prick the skin, where a drop of allergen has already been placed, followed by the

Intradermal Method: This method consists of injecting small amounts of an allergen into the superficial layers of the skin, using a small syringe and needle.

Interpreting the clinical significance of skin testing requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergenic antibodies, but are *not necessarily* correlated with clinical manifestations. You will be skin tested to relevant penicillin reagents (Pre-Pen® and Penicillin G), along with appropriate control tests (histamine and diluent). The tests will usually be placed on your arms (forearm), although there may be occasion for tests to be placed in an alternative location. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy hive (caused by release of histamine into the skin) will appear on your skin within 10-20 minutes. These positive reactions will generally fade and disappear over a period of 30-60 minutes and, typically, no treatment is necessary for these reactions. Occasionally, local swelling at a test site will begin 4-8 hours after the skin tests are applied (delayed reactions), particularly at sites of intradermal tests. These reactions are not serious and will disappear over the next day or two. They should be measured and reported to the office nurse by phone. The doctor will discuss with you the specifics of the testing prior to any application of test reagents.

RISKS

Since these testing materials are derived from substances to which you may be allergic, there is a small risk that a generalized ("systemic") reaction may result. Such a reaction might include: generalized itching, nasal congestion or drainage, throat tightness, cough, or difficulty in breathing; these reactions could potentially progress to a life-threatening situation if not recognized and treated. Should you experience any unexpected symptoms or sensations during your testing, please inform the nurse, and appropriate measures will be taken to counteract the reaction. Our office is fully equipped for the management of these emergencies.

PRECAUTIONS

Prior to the placement of the skin tests, please let the nurse and doctor know:

- (1) *If you have started any new medications since your last visit with the doctor.*
- (2) *If you are pregnant.*
- (3) *If you have a fever or are wheezing today, or if you have had any acute illness within the past 24 hours.*

After the skin testing is completed, you will meet with the doctor to discuss the results. At that time, further recommendations will be made regarding your allergy treatment.

AUTHORIZATION

I have read the information included in this consent form and understand it. The opportunity has been provided for me to ask questions regarding the potential benefits and risks of penicillin skin testing, and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me from adverse reactions to this testing. I give my permission for the staff to proceed with allergy skin testing and to perform necessary procedures and administer necessary medications in treating any adverse reaction that may occur from this testing.

Printed Name of Patient _____

Patient Number _____

X

Patient Signature (or Legal Guardian's Signature) _____

Date Signed _____

(Relationship of Legal Guardian) _____

Witness _____

Date Signed _____

FOR OFFICE USE ONLY:

I certify that I have counseled this patient and/or legal guardian concerning the information contained in this consent for the allergy skin test procedures and that it is apparent to me that the signee understands the nature, risks, and benefits of the proposed test procedures.

Physician _____

Date Signed _____

Penicillin Allergy Skin Testing Protocol

Skin Prick Testing

Initial skin prick testing will be performed using Prepen, penicillin G (10,000 units per milliliter), histamine (1.0 mg/ml), and phenolated saline. A Duotip applicator will be used to administer the skin prick testing.

In quick sequence apply prick skin tests with Prepen, penicillin G, plus positive (histamine) and negative (diluent) controls. Wait 15 minutes, then measure the wheal size (not the size of the redness).

Positive skin prick test result: If the diameter of the wheal for Prepen or penicillin G is 3mm or greater than that seen with the negative control (phenolated saline), the test is positive. **If the skin prick test is positive, do not proceed with any further testing. The patient should not get penicillin.**

Negative skin prick test result: if the diameters of the wheals for Prepen and penicillin G are less than 3 mm greater than that seen with the negative control (phenolated saline), the test is negative. **If test is negative or equivocal, proceed with intradermal testing.**

Record the measurements on the testing record.

Intradermal Testing

Apply intradermal test (2-3mm bleb) in **duplicate** with Prepen and penicillin G along with a single intradermal 2-3 mm bleb of diluent control (phenolated saline). This is a total of five intradermal blebs. Wait 20 minutes then read results. Measure the size of the resulting wheal.

Criteria for positive intradermal skin test: Significant increase in size of original bleb with wheal diameter 3 or more millimeters larger than diluent (phenolated saline) control; itching and flare are commonly present

Criteria for negative intradermal skin test: No increase in size of original bleb and no reaction greater than control site

Equivocal intradermal skin test: Wheal only slightly larger than initial injection bleb and control site, with or without erythematous flare OR duplicates are discordant.

Oral Challenge

Give full dose for age by mouth (i.e. 250-500 mg for adults).

Patient observed in office for one hour.

If no problem, patient can be considered safe for future use of penicillin antibiotics. Reassess if any symptoms develop with future use.

Preparing Penicillin G for Skin Testing

Conc.		Procedure		Result
20 Million Units / Vial	⇒	Reconstitute w/ 11.5 cc Normal Saline	=	1 Million Units/ml
5 Million Units / Vial	⇒	Reconstitute w/ 3.2 cc Normal Saline	=	1 Million Units/ml
1 Million Units/ml	⇒	1.0 cc + 9.0 cc Saline	=	100,000 Units/ml
100,000 Units/ml	⇒	1.0 cc + 9.0 cc Saline	=	10,000 Units/ml

DO NOT use normal saline with PHENOL.

Divide finished products into 1mL aliquots (put in **clearly labeled** allergy vials), and store for up to 6 months in freezer for future use.

Coding for Antibiotic Skin Testing

The CPT code for antibiotic skin testing is 95018 for skin prick/puncture and intradermal tests with PRE-PEN, Penicillin G, histamine and diluent. **Each individual puncture/intradermal injection will require charging one unit.**

The **typical** penicillin testing will require 4 prick tests and 5 intradermal injections. Therefore, a total of 9 units of 95018 will be billed. On occasion it will be necessary to repeat the intradermals to clarify results. In that case, the total number of units billed may be higher (add the number of additional intradermal tests, which typically would be 5 more, therefore the total would be 14 units of 95018)

The ingestion challenge code is 95076.

Placing charges on the charge sheet for a TYPICAL penicillin allergy testing

Skin prick testing: Charge 95018 x 9 units

Ingestion challenge test: charge 95076 x 1 unit

Use **ICD code** 995.27 for these codes.

If **INHALANT ALLERGY** testing is also performed on the same day, they should be charged separately. The codes 95004 and 95024 (if intradermal tests are also done) should be marked on the charge sheet (one unit charged for each allergen tested by each technique).

Use **ICD code** 477.8 for the inhalant allergy testing