

Penicillin Skin Test Recording Form

Patient Name: _____ **Date of birth:** ___/___/___/

History of penicillin or beta lactam allergy:

Last use of antihistamine (or other med affecting response to histamine): _____ days ago

Medication _____

Skin Test Instructions:

- a) In quick sequence, apply prick skin tests with penicillin reagents plus positive and negative controls;
- b) If prick skin test is negative or equivocal, apply ID test (2-3mm blebs) in **duplicate** along with diluent or saline control;
- c) Read each test at 15-20 minutes after placement

TEST DATE	LOT #	PRODUCT	PRICK		ID#1		ID #2		Results (Pos/Neg/Equiv)
			W (mm)	F	W (mm)	F	W (mm)	F	
		PrePen® ¹ [PPL] (undiluted)							
		Penicillin G ² (10,000 U/ml)							
		Diluent Control							
		Histamine (1.0 mg/ml)							

Criteria for positive prick skin test: Induration >3mm greater than diluent control

Criteria for positive intradermal skin test: Significant increase in size of original bleb with wheal diameter 3mm or more larger than diluent 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.

Control site: If wheal >2-3mm after 20 min, repeat skin test to look for dermatographism

If skin test negative, Oral Challenge (optional): _____ mg of _____ given
 Reaction YES/NO If yes, describe: _____

¹ Please refer to the PRE-PEN package insert for full prescribing information

² Alvarez del Real, Gonzalo, et al. "Penicillin skin testing in patients with a history of β-Lactam allergy." *Ann Allergy Asthma Immunology*. 2007; 98: 355 – 359.