



Medications to Stop Prior to taking an Allergy Test
Avoid 7 days prior to skin testing:

Oral Antihistamines:

Loratadine (Claritin, Alavert, ect.)	Desloratide (Clarinex)
Fexofenadine (Allegra, Mucinex Allergy)	Cetirizine (Zyrtec)
Levocetirizine (Xyzal)	Hydroxyzine (Atarax, Vistaril)
Chlorpheniramine (Chlor Trimeton, Rynatan, Alle Rx, Ect..)	Brompheniramine (Bromfed, Dimetapp, Etc.
Cyproheptadine (Periactin)	Tussionex (Chlorpheniramine & Hydrocodone)
Doxepine (Slenor, Zonalon)	

*If taking doxepin or Hydroxyzine for anxiety or sleep check with your PCP before stopping

Nasal Sprays:

Azelastine (Astepro, Astelin, Dymista)	Olopatadine (Patanase)
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Eye Drops:

Levocabastie (Livostin)	Emedastine (Emadine)	Azelastine (Optivar)
Epinastine (Elestat)	Pheniramine (Naphcon-A, Visine A)	Bepotastine (Bepreve)
Olopatadine (Pataday/Patanol/Pazeo)	Alcaftadine (Lastacast)	Kelotifen (Alaway, Zaditor, Zyrtec eye)

Herbal Supplements:

Astragalus	Green Tea	Milk Thistle	Feverfew
St. John's Wort	Licorice	Saw palmetto	

Medications to stop Prior to Taking an Allergy Test
Avoid 72 hours (3 days) prior to skin testing

Oral Antihistamines:

Diphenhydramine (Benadryl, Tylenol PM, Unisom, Aler Dryl, Calm Aid, Genahist, Ect.	Clemastine (Tavist, Allerhist, Contac)
Tripelannamine (Polaramine)	Pheniramine (Ru-Tuss, Triaminic)
Triprolidine (Actifed)	Azatadine (Trinalin)
Pheninadamine (Nolahist, Nalamine)	Pomethazine (Phenergan, Prorex)
Meclizine (Dramamine, Bonine)	

If you are taking any other antihistamines stop them 7 day prior to skin testing. If you are unsure if the medicine you are taking is an antihistamine, ask your doctor. If you are taking any medications labeled as “PM” to aide in sleep, ask the pharmacist, as these may also contain antihistamines.

Topical Medications: Stop topical Benadryl, topical doxepin (Zonalon) and topical steroids like triamcinolone for **48 hours** prior to testing.

Avoid 24 hours (1 Day) prior to testing:

- Tagamet (Cimetidine)
- Pepcid (famotidine)
- Axid (nizatidine)
- Zantac (ranitidine) – These acid blockers are H2 Antihistamines and may interfere with the accuracy of allergy tests. See below for Stomach medications that you may continue.

DO NOT STOP the following medications prior to skin testing, including but not limited to the following:

Asthma/Allergy Medications:

Inhalers: Advair, Breo, Dulera, Symbicort, QVAR, Flovent, Alvesco Pulmicort, Asmanex, Albuterol or levalbuterol (ProAir, Ventolin, Proventil, Xopenex) and Spiriva.

Nasal Sprays: Nasonex, Flonase (Fluticasone), Omnaris, Vermyst, Nasacort (triamcinolone), Rhinocot, Atrovent (ipratropium)

Other Medications: Singulair (montelukast), Zylfo (Zileuton), Accolate (Zafirlukast), Sudafed (Pseudoephedrine or Phenylephrine) Mucinex (except for Mucinex Allergy, which is the same as Allegra – Don't take Mucinex Allergy for 7 days prior to skin testing)

Stomach Medicines:

You can continue all other previous stomach medicine including but not limited to:

Aciphex (rabeprazole), Prevacid (lansoprazole), Prilosec (Omeprazole Nexium (esomeprazole), Protonix (Pantoprazole), and Zegerid (omeprazole & Bicarbonate)

Other: You should continue all your previous medication for diabetes, heart disease, high blood pressure, thyroid disorders, etc... unless specifically directed by our physicians.

If you are unsure of a particular medication, please contact us for assistance at 413-707-7720.

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PATIENTS – PLEASE READ THE FOLLOWING INFORMATION

It is very important that you CONTACT THE OFFICE PRIOR TO your or your child's Food Challenge Appointments, Skin Testing and/or Intradermal Testing if any of the following items listed below are present:

IMPORTANT: Testing, Challenge, and Allergen Immunotherapy (Injection) appointments are PROCEDURES. Please make sure to arrange childcare for you or your child's appointment if applicable to you. We will not be able to conduct any procedures when minors or additional minors are present due to risk of anaphylactic reaction and emergency transportation rules.

1. **Please call the office to reschedule the appointment if the patient (you or your child) has an illness**

An "illness" can be: Common cold symptoms including chest congestion, head congestion, nasal discharge, fever, cough. Eczema flare up including extreme itching, broken skin, blistering, oozing/discharge. Active rashes with itching. Allergy symptoms which can include sneezing, watering eyes, runny nose, or severe itching.

2. **Allergy symptoms which can include sneezing, watering eyes, runny nose, or severe itching. Recent allergic reaction or severe allergic symptoms. Please contact the office via portal at least 24 hours prior to appointment in this case.**

3. **Asthma Symptoms:** Asthma flare up (also called an asthma attack, episode, or exacerbation). Flare up symptoms could be difficulty breathing/short of breath, rapid breathing, wheezing, coughing. If had to use Albuterol (Pro Air, Ventolin) or Levalbuterol (Xopenex) Inhaler or nebulizer machine as rescue in 48 hours, please reschedule.

4. The patient is using an Oral Steroid, such as:

- Prednisone
- Medrol (Methylprednisolone)
- Orapred (Prednisolone)
- Betamethasone

5. The patient is currently on or has just completed a course of **antibiotics** within 7 days.

6. If the patient is to **test for an allergy to a medication**, and the patient was informed to obtain the medication from their primary care physician and/or the pharmacy and has **NOT** done so. **Please reschedule if you do not have the medication or food being tested at appointment.**

7. **PREGNANCY:** If you are or suspect you are pregnant.

8. If you had any vaccine within 48 hours.

In many of these instances, Dr. Garrett and her Clinical Team will be unable to proceed with the testing. By calling the office ahead with this information, you will avoid going to an appointment only to be rescheduled.

9. Special consideration: Teething babies on ibuprofen for comfort.

Thank you (413) 707-7720



I, _____, have received the medications to stop list and patient procedure instructions for my or my child's testing/challenge appointment.

I agree that I will read over this information at least 8 days prior to my or my child's procedure and will stop necessary medications and come ready to the appointment.

I agree that I will not bring any other minors to my or my child's procedure or contact the office at least 24 hours prior to reschedule or cancel the appointment.

If the procedure needs to be cancelled or rescheduled due to illness or any reasons listed on these instructions, I will call to notify the office 24 hours before my appointment date.

If I have any questions regarding this information or the procedure, I will contact the office before my appointment.

Failure to follow these procedural guidelines can result in a \$75 late cancellation fee.

Patient Name: _____ Date: _____

Date of Birth: _____

Signature of patient or parent/guardian: _____

By checking this box, I affirm my intent to sign this form electronically by typing my name above.

Thank you (413) 707-7720