

Southwest Ear, Nose & Throat

Head & Neck Surgery
100

Allergy & Sinus
Hearing & Otology

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ATTENTION

The following medications will interfere with allergy testing. If you are currently taking any of the following medications within the listed time frame, notify our office for rescheduling.

Medication: Antihistamines, cold medications and sleep aids with Diphenhydramine

Time to be off prior to testing: 4-5 full days

Reason: The antihistamine blocks the body's natural histamine response needed during testing.

Examples: Benadryl (Diphenhydramine), Zyrtec (Cetirizine), Claritin (Loratadine), Allegra (Fexofenadine), OTC Sudafed, Dimetapp, Chlor-Trimeton. If you are unsure about a medication, check the label for clarification.

Medication: Beta Blockers

Time to be off prior to testing: 10 days

Reason: Beta blockers increase the risk for a severe allergic reaction. They also interfere with the effectiveness of medications used in treating an allergic reaction.

Please call prescribing doctor for permission to discontinue for 10 days.

Examples: Atenolol, Labetalol, Metoprolol. See attached page for extended list.

Medication: Steroids

Time to be off prior to testing: 6 weeks

Reason: Steroids alter the body's natural response to the allergy testing.

Example: Kenalog shot, Medrol Dose Pack, Prednisone, Corticosteroid. Nasal steroids (Flonase, Nasocort, Nasonex) are allowed prior to testing.

There are other medications that can interfere with proper test results including Dramamine and Phenergan. Please check the medication label for clarification.

*Patient should not discontinue any medication unless directed and supervised by the prescribing physician.

Generic & Brand-Name Beta-Blockers and Their Variations

BETA BLOCKERS

Acebutolol	Pindolol
Acebutolol HCl	Propranolol
Apo-Atenol	Propranolol HCl
Atenolol	Propranolol Intensool
Betapace	Sectral
Betapace AF	Sotalol
Betaxolol	Sotalol HCl
Betaxolol HCl	Sotacar
Bisoprolol	Tenormin
Bisoprolol Fumarate	Timolol
Blocadren	Timolol Maleate
Brevibloc	Toprol XL
Carteolol	Trandate
Carteolol HCl	Visken
Cartrol	Zebeta
Carvedilol	
Coreg	<u>BETA BLOCKERS WITH DIURETICS</u>
Corgard	Corzide
Esmolol	Inderide/LA
Esmolol HCl	Tenoretic
Inderal	Timolide
Inderal LA	Ziac
Kerlone	
Labetalol HCl	<u>OPHTHALMIC SOLUTIONS WITH</u>
Levatol	<u>BETA BLOCKERS</u>
Lopressor	Apo-Timop
Lopressor HCT	Betagen
Metoprolol	Betaxolol
Metoprolol Succinate	Betaxon
Metoprolol Tartrate	Betimol
Monitan	Betoptic/S
Nadolol	Cosopt
Normodyne	Levobunolol
Novo-Atenol	Metipranolol
Penbutolol	Ocupress
Penbutolol Sulfate	Optipranolol

Beta-Blockers

Beta-blockers have many uses including treatment of hypertension and cardiac disorders, and prophylaxis of migraine headaches. It is important to know if an allergy patient is currently taking a beta-blocker in case of an anaphylactic reaction requiring the use of epinephrine.

Epinephrine (adrenaline) is a beta-adrenergic agonist while beta-blockers are beta-adrenergic blocking agents. Beta-blockers compete with epinephrine for beta receptors.

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DISCLOSURE AND CONSENT FOR ALLERGY TESTING & TREATMENT

TO THE PATIENT: You have the right to be informed about your condition and the recommended diagnostic procedure to be performed so that you may make the decision whether to undergo the procedure after knowing the potential risks involved.

I voluntarily request Dr. Prater, as my physician, and such associated technical assistants and other health care providers as he may deem necessary, to treat my condition which has been explained to me as: Allergic rhinitis Chronic Sinusitis Eustachian tube dysfunction Allergic dermatitis Atopic urticaria

Other _____

Please read and initial below:

___ I understand that I **cannot** be tested or treated for allergies if I am on a Beta Blocker medication.

___ I understand the following diagnostic procedures are planned for me and I voluntarily consent and authorize the following procedure: **Intradermal Dilutional Allergy Testing.**

___ The allergy testing and treatment process has been explained to me by my physician or technical assistant and I understand the potential risks involved. I understand the following symptoms may/may not occur 1-5 days after testing, which includes but are not limited to: **local reaction** (mild redness/swelling at the injection sites and arm, itching of injection sites, mild discoloration and bruising of skin, mild soreness of affected arm, and scar), **systemic reaction** (itchy eyes, itchy nose, dizziness, fatigue and headache), and **anaphylaxis** (difficulty breathing, throat swelling, drop in blood pressure, kidney injury).

___ In the event of an adverse reaction to the allergy testing or allergy treatment, I give permission to my physician and technical assistant to implement medical treatment which, in their professional judgment, is necessary including but not limited to: oral medication, topical medication, intravenous medication, cardiopulmonary resuscitation, intubation, call for ambulance, and transfer to emergency care facility.

___ The nature and purpose of the allergy testing and treatment, the possible alternative methods of treatment, and the potential risks have been fully explained to me. I understand that no guarantee has been made to me as a result of care. I believe I have sufficient information to give informed consent.

By signing below, I certify this form has been fully explained to me, that I have read it or have had it read to me, and I understand its contents.

Signature of patient/parent/legal guardian

Date

This content was read, discussed, and signed in my presence, and the person or guardian did so freely with full knowledge and understanding.

Witness

Date