Consultation on Referral Pathway for Skin Prick Testing

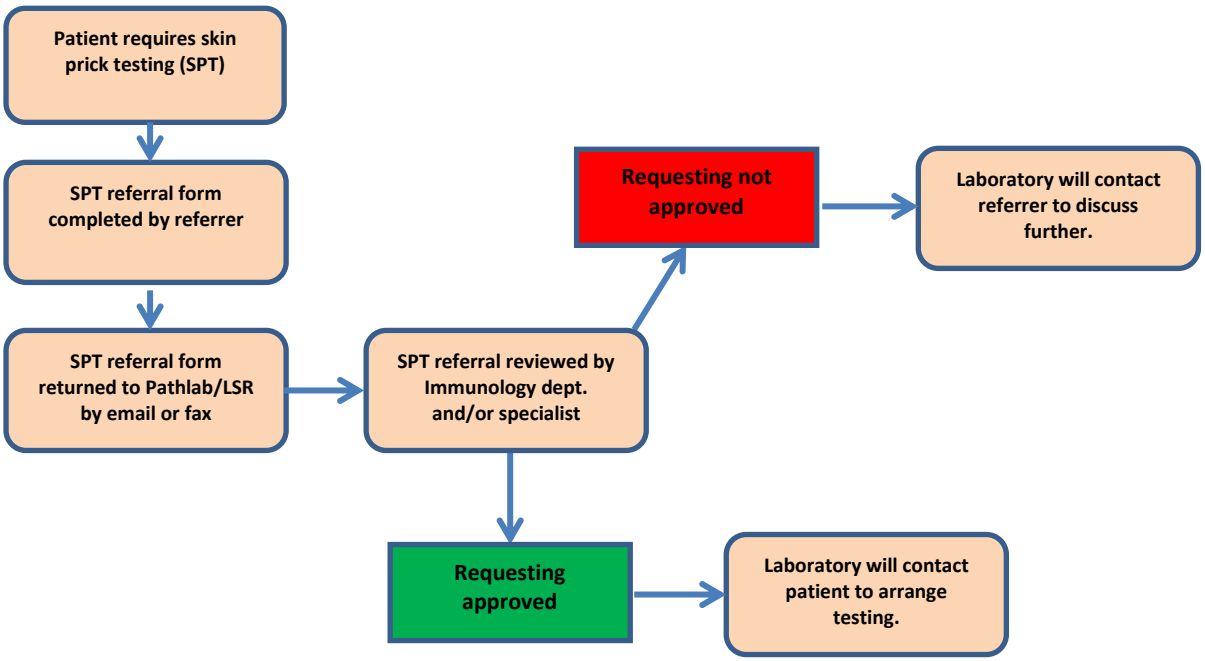
This is a **consultation document** with regards to proposing a new way of referring patients for skin prick testing.

Background

Skin prick testing has traditionally been requested on the standard laboratory request form. However this has caused various problems. Often, no rationale for the skin prick testing is documented, the exact allergens that are required may be unclear, and the patient may be on medication that interferes with skin prick testing.

Proposed Solution

A skin prick test referral form will be used instead of the standard laboratory request form. This will be downloaded from the Pathlab/LSR website, and completed by the referrer. It will also require a patient signature consenting to the skin prick testing. The form will then be returned to the immunology department at Pathlab. When the skin prick testing has been approved by the department (in consultation with specialists as necessary) then Pathlab/LSR will contact the patient to arrange a suitable time for testing.



Who is being consulted?

Laboratory referrers & clinical laboratory governance groups Lakes DHB, Waikato DHB, Bay of Plenty DHB.

Deadline for feedback

Please return any feedback on this consultation to clinicalmicrobiology@pathlab.co.nz by **Friday 28th April 2017**.

Decision timeline

Based on the feedback that is received, we will make a decision on whether to proceed with this policy by **Friday 12th May 2017.**

Michael Addidle (Clinical Microbiologist) **Richard Steele (Clinical Immunologist)**

DRAFT FORM FOR CONSULTATION

Skin Prick Testing (SPT) Referral Form

Name:_____

DOB:_____ **NHI:**_____

Address:_____

Contact number:_____

Requestor:_____ **Date:**_____

Clinical Indication

☐ **Allergic rhinitis/conjunctivitis** ☐ **Asthma** ☐ **Eczema**

Note that skin prick testing is generally not useful outside these indications. Consider discussion with the Pathlab immunology department or a pathologist as to whether skin prick testing is indicated.

Allergens **(Please tick only those allergens that have clinical relevance to your patient):**

☐ **House dust mite**	☐ **Aspergillus**	☐ **Soya bean**
☐ **Cat**	☐ **Alternaria**	☐ **Wheat**
☐ **Dog**	☐ **Birch**	☐ **Cow's milk**
☐ **Grass**	☐ **Fish**	☐ **Peanut**
☐ **Plantain**	☐ **Shrimp**	☐ **Egg**

Please complete the following questions on behalf of your patient

For women, are you pregnant? (Y / N) If yes skin prick testing should not be performed.

Are you taking any antihistamines or tricyclic antidepressants? (Y / N) Please arrange for your patient to stop these at least 72 hours prior to skin prick testing. If these cannot be stopped please arrange blood tests.

Do you have asthma? (Y / N) Uncontrolled/severe asthma is a contraindication to skin prick testing.

Have you had a serious allergic reaction requiring hospitalisation or emergency treatment (Y / N)? Consider discussion with a pathologist/immunologist.

Consent for patient (Please supply the patient with **THIS** information on skin prick testing.)

I have read and understood the information supplied to me on skin prick testing.

Histamine produces a small, itchy red lump (like a mosquito bite) at the application site, usually without any other side effects. Histamine has been used for this purpose in New Zealand and internationally for many years without problems. Histamine however, is not registered as a drug in New Zealand, so can only be used under Section 29 of the Medicines Act. This requires the laboratory to notify the supplier of Histamine (NZMS) with the names of patients who have been tested with Histamine and allergens. NZMS then forward the names to Medsafe, the drug monitoring body within the Department of Health. The information is then kept in a confidential database as required under the Medicines Act.

Signed_____ **Date** _____

Name (printed) _____