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Queensland Government

Drug Challenge Test (Intradermal Skin Test)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

.....

This condition requires the following investigation. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

- Diluted drugs will be injected into my skin (intradermally) on my back or forearm.
- The skin response will be observed and recorded.
- The results are recorded twenty minutes after the injections.

A positive result is when a wheal (lump) and flare (red colour of the skin) develop. These are often itchy and can last 24hr, rarely longer.

I understand that Skin Testing is not absolutely specific and false negative and false positive results can occur.

Further tests may be recommended to help confirm the cause of the reaction. The doctor will discuss these with me if they are indicated.

I understand that I do not need to starve before this investigation. In fact it is recommended that I do not miss my breakfast/ lunch beforehand.

C. Risks of a drug challenge test (intradermal skin test)

There are risks and complications with this procedure. They include but are not limited to the following.

Specific risks:

- This investigation has very few risks because the drugs that are injected are diluted to levels that are believed to be safe. However, there is always a very small risk that a drug could cause a reaction.
- As with any drug reaction, rarely death can occur. However, when diluted drugs are used this is even less likely.
- The skin around the injection site can remain red and itchy until the next day, infrequently requiring topical soothing creams.
- Rarely false negative and false positive results can occur.
- Death as a result of this procedure is possible.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v4.00 - 03/2011

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Queensland Government

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Facility:

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URN:

Family name:

Given name(s):

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Date of birth: Sex: ☐ M ☐ F ☐ I

F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed investigation, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant procedure/ treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

☐ **Drug Challenge Test (Intradermal Skin Test)**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed investigation and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my investigation and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ► Location of the original or certified copy of the AHD: .....

☐ No ► Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian

☐ Attorney/s for health matters under Enduring Power of Attorney or AHD

☐ Statutory Health Attorney

☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (F) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

H. Interpreter's statement

I have given a sight translation in

.....

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

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Consent Information - Patient Copy
Drug Challenge Test (Intradermal Skin Test)

1. What is a drug challenge test (intradermal skin test)?

Diluted drugs will are injected into the skin (intradermally) on the back or the forearm.

The skin response is observed and recorded.

The results are recorded twenty minutes after the injections.

A positive result is when a wheal (lump) and flare (red colour of the skin) develop. These are often itchy and can last 24hr, rarely longer.

Skin Testing is not absolutely specific and false negative and false positive results can occur.

Further tests may be recommended to help confirm the cause of the reaction. The doctor will discuss these if they are indicated.

2. What are the risks of this specific procedure?

There are risks and complications with this investigation. They include but are not limited to the following.

Specific risks:

- This investigation has very few risks because the drugs that are injected are diluted to levels that are believed to be safe. However, there is always a very small risk that a drug could cause a reaction.
- As with any drug reaction, rarely death can occur. However, when diluted drugs are used this is even less likely.
- The skin around the injection site can remain red and itchy until the next day, infrequently requiring topical soothing creams.
- Rarely false negative and false positive results can occur.
- Death as a result of this procedure is possible.

3. How should I prepare for this investigation?

It is important that patients understand that they do not need to starve before skin testing. In fact it is recommended that they do not miss their breakfast/ lunch beforehand.

4. Can I carry out on taking my medication?

Some medications can interfere with the skin test results.

These include antihistamines and steroids (such as prednisone and hydrocortisone). If you are on these types of medication please inform the skin testing bookings secretary before you attend your skin testing appointment.

If it is possible you may need to stop some medications before the skin tests but this needs to be discussed with the doctor

Notes to talk to my doctor about:

03/2011 - v4.00