TIDEWATER
ALLERGY & ASTHMA

What is an oral medication or food challenge?
The oral challenge involves consuming a serving of the food/medication in a slow, graded fashion under medical supervision. The oral challenge procedure is the most accurate and safest way to determine whether a food/medication needs to be avoided or will be tolerated.

During the challenge, you/your child will be observed for symptoms such as itching, rash, abdominal pain, or difficulty breathing. If any of these symptoms develop you/your child will be treated immediately. In most cases, this will involve the use of oral antihistamine or epinephrine to prevent an allergic reaction from getting worse.

What are the risks?

- Mild to severe allergic reactions including life-threatening anaphylaxis
- Mild symptoms may include: itching, skin rash (can also occur 2-3 days after challenge test), nausea, vomiting, diarrhea, stomach upset, stuffy "runny" nose or sneezing. These symptoms are usually short-lived, lasting less than 2 hours.
- The major risks involved include severe breathing difficulties, low blood pressure, wheezing, swelling of the face and/or throat and life-threatening anaphylaxis. These risks may result in serious consequences, including death.
- Medications, personnel and equipment will be immediately available to treat allergic reactions should they occur.

What are the benefits? Determining whether the food or medication may be consumed or reintroduced, as well as accurate diagnosis of a medication/food allergy.

Is there an alternative? An alternative would be to continue strict avoidance of food or medication.

Informed Consent:
I acknowledge that the doctor has explained the nature and purpose of the Oral Challenge Test as well as the risks involved and all of my questions, if any, have been answered to my satisfaction. I understand I have the right to change my mind at any time, including after I have signed this form, preferably following a discussion with my doctor.

I give my consent and authorize Tidewater Allergy and Asthma and Dr. Jeremy Owens, MD to perform an oral food/medication challenge for _____ (name of patient) to the following food/medication: _____.

Patient Name: _____ DOB: _____

Patient or Guardian Signature: _____ Date: _____

Name of Guardian (if applicable): _____

Physician Signature: _____ Date: _____