

Skin prick tests

As part of your child's appointment, the doctor, nurse or dietitian might request a skin prick test (SPT). This leaflet explains what this test involves, and what will happen when you and your child come to our clinic. If you have any questions, please speak to a member of staff caring for your child.

SPTs are an accurate way to test individual substances to see if they cause an allergic reaction. It can test for food and aeroallergen (causing hay fever-type symptoms) allergies. However, skin prick testing cannot diagnose drug or venom allergies.

An allergy is when the immune system reacts to an allergen (such as food or pollen), as if it is a harmful substance. This can cause the following symptoms:

- a runny nose
- itchy eyes
- hives (rash)
- difficulty in breathing

Why your child needs an SPT

This test will help us to identify which allergen your child may be allergic to. It can also help us monitor the progress of your child's allergies.

Substances that can be tested

We can perform SPTs for a range of foods such as:

- milk
- egg
- soya
- a range of nuts
- a range of seafood
- a range of meat

If you think your child might have had an allergic reaction to any other food, you can bring a small piece of it with you to the clinic. The food should not be mixed with any other products, for example sauces. It should also be individually packaged. For example, bring a whole piece of fruit rather than a pre-prepared fruit salad. If the food is usually eaten cooked, such as chicken, please bring both raw and cooked samples.

If you cannot bring the food you want tested with you, we can do a blood test to see if your child is allergic or not (see **Are there any alternatives to an SPT?** on the next page).

We can also test for a wide range of allergens that are airborne (aeroallergens), for example grass and tree pollen, house dust mites, and animals.

Are there any alternatives to an SPT?

Yes. A blood test can be used to measure your child's allergic response to a specific allergen. However, SPTs are quicker than a blood test. Results are seen in less than 15 minutes, but blood test results take about 4 weeks.

Preparing your child for the test

If your child is taking antihistamines, such as chlorphenamine (Piriton[®]), cetirizine (Zirtek[®]), or loratadine (Clarityn[®]), they need to stop taking them before their appointment. This is because antihistamines can interfere with the test. Please follow the instructions below:

- If your child is taking **short-acting antihistamines** (usually taken 2 or 3 times a day), such as chlorphenamine (Piriton[®]), they should stop taking them 2 days before the appointment.
- If your child is taking **long-acting antihistamines (usually taken each day)**, such as cetirizine (Zirtek[®]) or loratadine (Clarityn[®]), they should stop taking them 5 days before the appointment.

If your child has an allergic reaction before their appointment, treat them as you usually would. Use antihistamines if you need to.

You should contact the children's allergy service, **phone** 020 7188 3000, if you:

- are unsure when to stop your child's antihistamines
- are unsure whether your child is taking an antihistamine
- feel that stopping your child's antihistamines would not be appropriate
- have needed to give antihistamines for an allergic reaction in the days before your child's appointment

An SPT should not be done if your child is wheezy. If your child has a blue (reliever) inhaler and needs it on the day of their appointment, you should still come to the appointment, but let a nurse or doctor know that the child has been wheezy.

What happens before the test?

Before any allergy testing, the doctor or nurse will ask about your child's medical history. You will need to give details about any allergic reactions or symptoms your child has been having. You might also be asked questions about your child's:

- current or previous illnesses
- emotional and social conditions
- schooling, entertainment
- lifestyle
- foods
- eating habits

Asking for your permission (consent)

We want to involve you in decisions about your child's care and treatment. We will ask you if you are happy for us to perform the test. This means that you understand what it involves and agree for your child to have the test.

If you would like more information about our consent process, please speak to a member of staff caring for your child.

During the test

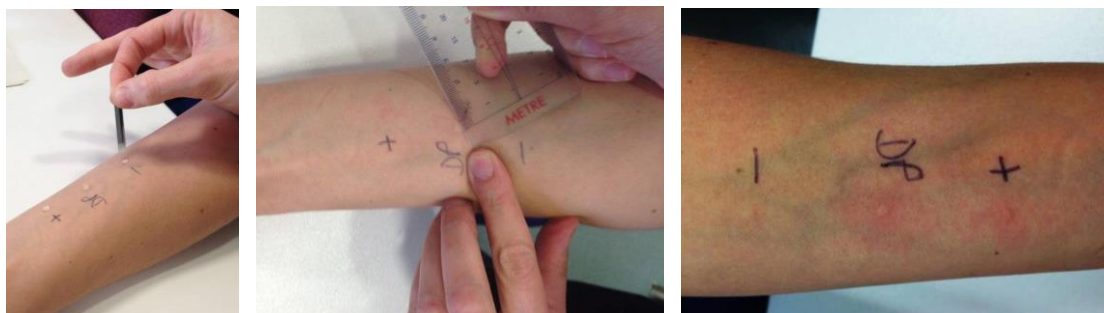
A nurse will place a drop of each allergen on your child's skin (usually their forearm or upper back). The skin under the drop of allergen is then pricked with a lancet (a type of needle) that scratches the top layer of the skin. By doing this, the allergen gets under the surface of the skin.

The nurse will then wipe away the drop. If we do a test with the food you have brought with you, we will prick a piece of the food with a lancet and then immediately prick your child's skin with it. This method is called 'prick to prick testing'.

We can test for several allergens at your appointment. The nurse will repeat the same process for each allergen. We will make a different mark on your child's skin with a washable pen for each test. This means we can identify the different allergen tests.

After 15 minutes, the nurse will check your child's skin for a reaction. There are 2 types of reaction:

- **A positive reaction.** The skin under the drop of allergen becomes red and itchy. A white, raised swelling (weal) is surrounded by a red area. This takes about 15 to 20 minutes to reach a maximum size, and then fades after a few hours. This means that your child is likely to be allergic to the substance in the solution.
- **A negative reaction.** The skin under the drop of allergen remains normal. This means that your child is not likely to be allergic to the substance in the solution.



Does an SPT hurt?

Skin tests can be slightly uncomfortable when the skin is pricked, but they should not hurt. If the test is positive, the weal might feel itchy. This will usually start to settle after 20 minutes. Most children and infants cope with it well.

If your child is upset, a cold compress (ice pack) can be used on the area to help relieve the itching once we have the results of the test. Alternatively, we can give your child some antihistamine medicine.

After the test

The results of the SPT must always be considered with your child's specific history of reaction or tolerance in mind. Because of this, the consultant, specialist nurse or dietitian who runs the clinic will discuss the test results with you, and explain what they mean. Please ask any questions you have at this time.

We will also send a letter to your GP about your child's test results.

Risks of an SPT

Typical reactions to having the test include:

- red and itchy skin at the site of the test
- a weal can develop at the site of the test.

Reactions from the allergens after your child has left the clinic are rare. In general, any symptoms of an allergy are noticed soon after the skin test. Local itching and swelling normally settle down within a few hours. If your child becomes upset or uncomfortable once you have left the clinic, you can use a cold compress to help relieve symptoms on the affected area. Alternatively, you can give your child some antihistamine medicine.

Very occasionally, children feel dizzy or light-headed and need to lie down. Again, we will be available to treat this if it occurs.

Severe allergic reactions from allergy testing are extremely rare. In the unlikely event that your child feels unwell after an SPT, or if they show signs of an allergic reaction, we will keep them in the department for observation.

If your child becomes unwell after you have left the clinic, please contact your GP or go to your nearest emergency department (A&E) immediately. It is also important that you contact the children's allergy service, **phone** 020 7188 3300 to tell us what has happened.

Contact us

If you have any questions or concerns about the SPT, or if your child cannot come to their appointment, has a cold, fever or worsening allergy or asthma symptoms, please contact the children's allergy nurses, **phone** 020 7188 3300, Monday to Friday, 9am to 5pm, or book a nurse telephone call back, **web** my.drdoctor.co.uk/clinic/childrensallergynursehelpline

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web**: www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** pals@gstt.nhs.uk. To make a complaint contact the resolution department **phone** 020 7188 3514 **email** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** languagesupport@gstt.nhs.uk

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