

The Johns Hopkins Center for Asthma
and Allergic Diseases

Skin Test Diagnostic Profile

Drugs & Chemicals

Name: _____

History No. _____

Physician: _____

Date _____ Technician _____

Check	Reagent	ID	Time ON READ		Intradermal Test 1		Intradermal Test 2		Intradermal Test 3		Intradermal Test 4		Intradermal Test 5		Provocation Test	Comments
			Size	A	B	Size	A	B	Size	A	B	Size	A	B		
Penicillin *			Puncture Test (1X)		1X		10X		50X							
<input type="checkbox"/>	Penicilloyl Polylysine (PPL)	D1	W													
<input type="checkbox"/>	Minor Determinant Mixture (MDM)	D2	W													
Local Anesthetics			Puncture Test (1:1000)		1:1000		1:100		1:10		Concentrate					
<input type="checkbox"/>	Xylocaine with methylparaben	D3	W													
<input type="checkbox"/>	Procaine (Novocain)	D4	W													
<input type="checkbox"/>	Mepivacaine (carbocaine)	D5	W													
<input type="checkbox"/>	Xylocaine without preservative	D6	W													
Insulins			0.001 u/ml		0.01 u/ml		0.1 u/ml		1.0 u/ml		10 u/ml					
<input type="checkbox"/>	Ultrapure Pork	D7	W													
<input type="checkbox"/>	Humulin	D8	W													
<input type="checkbox"/>	Beef/Pork	D9	W													
General Anesthetics			1:10000		1:1000		1:100		1:10		Concentrate					
<input type="checkbox"/>	Pancuronium Bromide (Pavulon) 2 mg/ml	D10	W													
<input type="checkbox"/>	Curare (Tubocurarine) 3 mg/ml	D11	W													
<input type="checkbox"/>	Succinylcholine (Quelcin Succamethonium) 20 mg/ml	D12	W													
<input type="checkbox"/>	Thiopental 25 mg/ml	D13	W													
Other Drugs *			Puncture Test (1:1000)		1:1000		1:100		1:10		Concentrate					
<input type="checkbox"/>	Bactrim (IV Prep)	D14	W													
<input type="checkbox"/>			W													
<input type="checkbox"/>			W													
<input type="checkbox"/>			W													
<input type="checkbox"/>			W													
<input type="checkbox"/>			W													
<input checked="" type="checkbox"/>	Diluent P-50% gly ID-A/B - saline	C1	W													
<input checked="" type="checkbox"/>	Histamine P-10 mg/ml ID-0.1 mg/ml	C2	W		3+			3+								
<input checked="" type="checkbox"/>	Codeine P-15 mg/ml ID-2 mg/ml	C3	W													

* To be performed in duplicate. Record average of duplicates.

Criteria A (Puncture and Intradermal)

- 0 no discernible wheal > diluent
- 1+ < 1/2 histamine diameter
- 2+ ≥ 1/2 histamine; < histamine diameter
- 3+ = size of histamine control ± 1 mm
- 4+ > histamine diameter; < 2x diameter
- 5+ ≥ 2x histamine control

Criteria B

(Intradermal only)

- | | |
|-------------|------------|
| Bydema (mm) | Wheal (mm) |
| 0 | < 5 |
| +/- | 5-10 |
| 1+ | 11-20 |
| 2+ | 21-30 |
| 3+ | 31-40 |
| 4+ | 41-50 |
| | > 15 |