

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)	Criteria B (Intradermal only)
0 no discernible wheal > diluent	0 < 5
1+ < 1/2 histamine diameter	+/- 5-10
2+ ≥ 1/2 histamine; < histamine diameter	1+ 11-20
3+ = size of histamine control ± 1 mm	2+ 21-30
4+ > histamine diameter; < 2x diameter	3+ 31-40
5+ ≥ 2x histamine control	4+ 41-50
	Wheal (mm) > 15