CLINICAL POLICY
Allergen Patch Testing - Dermatology

A. EFFECTIVE DATE:
   April 7, 2021

B. PURPOSE:
   To define the process of allergen patch testing.

C. POLICY:
   1. All patients must be evaluated by a Dermatology Practitioner prior to treatment. The LIP will provide written orders for treatment. They will periodically assess the patient for tolerance and effectiveness of the treatment.
   2. Providers will indicate the allergies to be tested in the patch test order as well as when to discontinue any oral steroids prior to treatment.
   3. The RN will apply patches at first visit and will do markings as specified below at second visit. The provider will assess the patient at the 96 hour post application visit.

D. SCOPE:
   Farmington Dermatology

E. DEFINITIONS:
   None

F. MATERIAL(S) NEEDED:
   Designated allergens, allergy patches, non-allergenic tape

G. PROCEDURE:
   Visit 1
   1. Patient is contacted by RN 48 hours before procedure to review procedure as well as remind patient to contact insurance.
   2. At time of 1st visit, the patient’s skin condition history related to the reason for patch testing will be documented. RN will also document medications as well as allergies.
   3. Patient will be assessed for skin being devoid of creams and oils. If patient has cream or oil on, patient will be instructed to wash area with warm water and soap and to dry the area thoroughly.
4. RN explains procedure to patient including that patient’s back will be written on with pen, and that patient will be unable to shower for 5 – 7 days.

5. RN will apply patches per provider to clean skin.

Patient Teaching:
1. Patient will need to refrain from showering for 5 – 7 days.
2. Patient should not apply cream or oil to area.

Visit 2
1. Patient returns in 48 hours for visit 2.
2. RN will review history as well as medications and allergies.
3. RN will take non-allergenic tape off patient. All patches will be removed by the RN.
4. Images of the patient’s back will be taken with IPAD and downloaded into Canto.
5. RN assesses for reaction and coordinates with manufacturer’s patch areas card. If reaction from any of the allergens, it is noted on the order sheet. The order sheet is then downloaded into the patient’s media tab of his/her medical record.

Visit 3
1. Patient returns for final read by provider at 96 hours after application.

Patient Teaching:
1. References provided to patient on allergen safe products.
2. Patient will be advised to avoid exposure to these allergens in future.

H. ATTACHMENTS:
Patch Test Order Form
Chemo Technique Diagnostic Reference Card

I. REFERENCES:
None

J. SEARCH WORDS:
None

K. ENFORCEMENT:
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:
On File

M. COMMITTEE APPROVALS:
None
N. FINAL APPROVAL:

1. Andrew Agwunobi, MD (Signed) 04/13/2021
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer

2. Anne Horbatuck (Signed) 04/07/2021
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) 04/09/2021
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 04/08/2021
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Services & Chief Nursing Officer

O. REVISION HISTORY:
   Date Issued: 03/15
   Date Revised: 04/21
   Date Reviewed: