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ALLERGY, ASTHMA & IMMUNOLOGY CENTER

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Patient Information for how much food to bring for Oral Food Challenge (OFC)

Food	Total amount to bring
Liquids	1 cup, 6-8oz infant formula
(*for _baked_ _milk_ challenge, see _recipe_. For _heated_ milk challenge, bring _6-8 oz_ _instant skim milk powder such as Carnation_)	
Egg (hard-boiled or scrambled)	2 eggs (may make French toast; 1 egg per 1 slice of bread)
(*for _baked_ _egg_ challenge, see _recipe_)	
Meat/Fish/Shellfish	3 ounces (about the size of a bar of soap)
Peanut	30g = 2 tablespoons peanut butter
Tree nuts	30-40g crushed tree nuts = about 30 pieces
Seeds (pine nuts, sesame, etc.)	10-15g seeds = 1-2 teaspoons of seeds
Bread	3 slices sandwich-sized bread
Grains (rice, corn, wheat, rye, barley, oat)	½-1 cup pasta/rice
vegetables	1 cup cooked or raw
potato	1 small baked potato or medium fries
fruits, berries	½-1 cup (an age-appropriate serving)

Preparation: Patients must be off oral steroids (prednisolone, prednisone) and antihistamines for 7 days before the challenge (zyrtec, claritin, allegra, xyzal); diphenhydramine (benadryl) or hydroxyzine (atarax) can be continued for up to 5 days before the visit. The challenge food must have been excluded from the diet for at least two weeks. All other medications may be continued (inquire about other drugs with significant antihistaminic activity such as imipramine.) If patients are unable to fast prior to the challenge, a light meal that is low in fat is recommended at least 2 hours before the challenge.

Food will be administered in incremental amounts, with usual waiting time in between doses of 15 minutes. No further incremental doses are given if challenge is judged positive (i.e., any reaction). Emergency precautions will be taken. Patient may be discharged home if no reaction occurs 1 hour after completing the challenge. If they do have a reaction they may be discharged home once the symptoms have resolved and no sooner than one hour. They will be asked not to eat any more of the challenge food that evening, to avoid vigorous activity that evening, and monitor for any delayed reactions (though rare) and treat as appropriate/seek emergent care and let allergist know as soon is as feasible. If no delayed reactions, patient should aim to keep food in the diet at least in small quantities a few times per week.

Some foods tend to be more allergeneic in their raw form than in baked/processed forms. Therefore, if oral food challenge (OFC) is done with baked/processed foods and OFC is negative (passed successfully), similarly baked/processed versions of food may be added to patient's diet.

Oral Food Challenge Testing Patient Instructions

1. No anti-histamines 5 days before the test:
Claritin, Alavert (loratadine)
Allegra (fexofenadine)
Zyrtec (cetirizine)
Benadryl, Q-Dryl (diphenhydramine)
Xyzal (levoceterizine)
Atarax, Vistaril (hydroxyzine)
Periactin (cyproheptadine)
Chlor-trimeton (chlorphineramine)
Actifed (triprolidine-pseudoephedrine)
Tavist (clemastine)
Antivert (meclizine)

2. No over-the- counter sleep medications/aids, cold/cough syrups, tricyclic antidepressants, pain medications 5 days before the test:
Nyquil
Tylenol PM
Phenergan cough syrup (promethazine)
Phenergan with codeine cough syrup (promethazine with codeine)
Elavil (amitriptyline)
Gabapentin, Pamelor (nortriptyline)
Tofranil (imipramine)
Sinequan (doxepin)
Remeron (mirtazipine)

3. No beta-blocker 2 days before the test (normally given for high blood pressure, heart problems, migraine headaches, eye problems such as glaucoma): - *ask your prescribing physician if it's ok to hold your beta-blocker doses 2 days prior to testing and resume the day after testing – don't stop meds without MD permission!*
Tenormin (atenolol)
Lopressor (metoprolol)

Inderal (propanolol)
Coreg (carvedilol)
Timoptic (timolol) eye drop
Betagan (levobunolol) eye drop
Betagan (levobunolol) eye drop
Betoptic (betataxol) eye drop
And others, generic name usually ends in "-olol"… Please ask provider if patient is not sure whether they are taking a beta blocker

4. No inhaled or nebulized short-acting bronchodilator 8 hours before the test:
ProAir, Ventolin (albuterol)
Xopenex (levalbuterol)
Maxair (pirbuterol)
Alupent (metaproterenol)

5. No bronchodilator medications before the test:
Albuterol pills or syrups -- off for at least 12 hours
Theodur (theophylline) pills -- off for at least 48 hours

6. No long-acting bronchodilator 8 hours before the test:
Serevent (salmeterol)
Foradil (formoterol)
Dulera (mometasone-formoterol)
Advair (fluticasone-salmeterol)
Symbicort (budesonide-formoterol)

7. No H2 receptor blocker 12 hours before the test:
Zantac (ranitidine)
Tagamet (cimetidine)
Pepcid (famotidine)

8: No oral/intramuscular steroid 1 week before the test
Prednisone
Orapred (prednisolone)
Medrol, SoluMedrol (methylprednisolone)
Celestone (betamethasone)

9. No leukotriene antagonist 24 hours before the test:
Singulair (montelukast)
Accolate (zafirlukast)
Zyflo (zileuton)

10. No anti-histamine nasal spray 12 hours before the test:
Astelin (azelastine)

11. No anti-cholinergic nasal spray 12 hours before the test:
Atrovent (ipratropium)

12. No inhaled or nebulized nedocromil sodium 12 hours before the test:
Tilade (nedocromil)
13. No anticholinergic inhaler 12 hours before the test:
Atrovent (ipratropium)
Combivent (ipratropium-albuterol)

Patients may eat a light breakfast 2 hours before the challenge. Eat half the usual amount. Eat only bland foods (eg no additional seasoning, spices, sauces) that they are NOT ALLERGIC TO such as milk, toast, rice cereal, fruit, or juice.

Although testing will generally be completed by lunchtime, patients should be prepared to spend the whole day at the Allergy Clinic. A small lunch bag should be brought with the patient to the appointment.

Patients should be dressed in a garment that allows for examination and vitals monitoring should these procedures be necessary.