

## Consent for Amoxicillin Challenge

*Add disclaimer*

PATIENT:

MR NO.:

DATE OF BIRTH:

DATE OF VISIT:

### Consent for Amoxicillin Challenge

You/your child has been offered a medically supervised diagnostic oral amoxicillin challenge to test for penicillin allergy. This test is considered the best way to determine whether you/your child are still allergic to penicillin. For the remainder of this consent form “you” will refer to you or your child. The amoxicillin challenge involves taking amoxicillin by mouth in one or two steps followed by a period of observation. The amounts offered and timing between the doses may vary depending on your doctor’s assessment. The test generally takes a little more than 1 hour but may be longer. If your doctor determines that you are having an allergic reaction, treatment for the allergic reaction will be given immediately. If you have a reaction, you may be watched for additional time.

Benefits and risks of amoxicillin challenges. The oral amoxicillin challenge is an accepted medical test. The benefit includes finding out if you still have an allergy to penicillins. Most people with a history of a reaction to penicillins are found to be no longer allergic after testing. Reactions with amoxicillin challenges are uncommon; 95 people out of 100 have no reactions with this test. In the unlikely event you have a reaction, the most common symptoms are a mild, itchy rash. Severe, life-threatening allergic reactions are extremely rare, and your doctor is prepared to treat these immediately should they occur. If a reaction occurs, treatment could include an antihistamine, an injection of epinephrine, an inhaled bronchodilator, steroids, and other medications and treatments. Payment for treatment of adverse events related to this amoxicillin challenge will occur in the manner you routinely pay for health care. If an allergic reaction should occur during this amoxicillin challenge, you will remain under care until the physician believes it is safe for you to go home. In very rare circumstances, you may need to be transferred to an emergency room or hospital unit for further observation/treatment. Alternatives to an oral amoxicillin challenge: If you choose not to have an oral amoxicillin challenge, you will continue to avoid penicillins. Signing this consent form indicates that you have read this form (or have had it read to you), that your questions have been answered to your satisfaction, and that you voluntarily agree to participate in this amoxicillin challenge.

\_\_\_\_\_  
Subject or legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/medical representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (if applicable)

\_\_\_\_\_  
Date