



ASTHMA & ALLERGY  
SPECIALISTS, PA

# Oral Challenge Information

**Peanut:** JIF peanut butter

**Tree nut** ( $\frac{1}{4}$  cup of dry single nut package)

- **Almond:** Barney's brand or Wonderful brand nut
- **Walnut:** Boring brand or Hammons brand
- **Pistachio:** wonderful brand nut
- **Hazelnut:** Nutella

## **Milk/soy**

- 8 ounces of milk (skim, 1% or 2%)
- 5-6 ounce container of yogurt
- Baked cheese: Amy's frozen pizza
- Baked milk: All muffins prepared using prescribed recipe

## **Egg**

- Dried egg white powder
- 2 scrambled eggs, thoroughly cooked (not wet)
- 2 slices of French toast prepared with 1 whole egg per slice - each slice prepared separately.
- Baked egg: All muffins using prescribed recipe

## **Wheat**

- Dave's Killer bread, 100% whole wheat
- Cream of wheat
- King Arthur's wheat flour

## **Seafood**

3 ounces prepared, cooked thoroughly and shelled/skinned

*Ensure labels are verified to ensure no cross contact with your other allergens*

*All foods must be prepared without additional ingredients*

*If store bought, product must be sealed*

*No raw or uncooked items*

*Child may require safe puree to mix with oral food challenge food - please bring this item after discussion with care team to ensure appropriate.*

*Disclaimer: Brands and amount are not intended to replace what was prescribed by your physician.*

*Challenges are individualized and this document should only be used in the event the office is closed or for the morning of a challenge. Please direct questions to [foodallergy@asthmanc.com](mailto:foodallergy@asthmanc.com)*



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# Oral Challenge Requirements

1. Oral challenges begin at 8:00 am; Therefore, if you have any questions or concerns regarding your challenge, please call the office at (704) 341-9600 at least ONE day prior to the challenge. If you have any problems the morning of your challenge, dial the number above and ask to speak with your physician's nurse.
2. Patients are required to bring food (prepared, ready to be eaten) or medications needed for the challenge. Medications will be called into the pharmacy of your choice. Please pick up the medication prior to the day of the challenge, so that you can bring it to the appointment with you.
3. Patients MUST STOP use of all antihistamines for a minimum of 5 days prior to the challenge to ensure accurate results.
4. It is important that the patient does not eat or drink anything after midnight the evening prior to the challenge. For those patients that must have something on their stomach, small amounts of water may be provided.
5. Testing may last up to 3 hours, please plan accordingly. You may bring activities to occupy time while in the office.
6. Patients must be fever free for 24 hours prior to the challenge.
7. No antibiotics for 7 days prior to challenge.

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_

DOB: \_\_\_\_\_

Witness: \_\_\_\_\_

Appointment Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_