

INFORMED CONSENT: FOOD CHALLENGE

1. I, _____ parent/legally authorized representative of _____ or I, _____ (the patient) authorize Dr./PA/NP _____ to perform the following procedure: Oral Food Challenge to: _____. An oral food challenge involves eating a serving (or servings) of a food in a timed, graded fashion under medical supervision.

I understand the reason for the procedure is: The food challenge is the most accurate test to determine whether a food needs to be avoided or no longer needs to be avoided.

2. Alternatives to this procedure have been fully discussed with me by the provider named above. Alternatives include: continued avoidance of the food in question.

3. **Risks and Benefits:** I give this authorization with the understanding that any procedure may involve certain risks or hazards. I understand that such risks include, but are not limited to itching, hives, swelling, abdominal pain, nausea, vomiting, diarrhea, cough, nasal congestion, wheezing, and/or chest tightness. The significant risks of this particular procedure include: severe breathing difficulty and/or a drop in blood pressure, which can be components of a severe allergic reaction (anaphylaxis). These risks may result in serious, consequences, including death.

If any significant symptoms develop, your child will be treated immediately as deemed necessary. In most cases, this will involve treatment with an oral antihistamine, such as Benadryl or cetirizine, and/or an injection of epinephrine to prevent the allergic reaction from worsening. Many children develop mild symptoms during an oral food challenge that require treatment with an oral antihistamine, while fewer require treatment with injectable epinephrine. Very rarely, other treatments, such as the administration of intravenous fluids or other medications are needed to treat more serious reactions.

The risks of not having this procedure include: the inability to determine whether a specific food causes symptoms and/or the inability to know if a specific food can be safely reintroduced into the diet.

The benefits of having this procedure include: the accurate diagnosis of food allergy, as well as accurately determining whether dietary avoidance is indicated.

4. I understand that no guarantee or assurance has been made as to the ultimate result of this procedure. It may not cure the condition for which it is performed or always determine whether the specific food is the cause of symptoms.

I also understand Children's Hospital Colorado is a teaching institution and that the physicians in training may actively participate in the pre-procedure and post-procedure care of my child as well as the performance of the procedure itself.

All levels of participation by the physicians in training will be under the direction of the physician/provider named above.

5. Patient's Consent: I have read and fully understand this consent form. I understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the words contained in this form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PROCEDURE OR PRESCRIPTION OR ANY OTHER QUESTIONS CONCERNING THE PROPOSED PROCEDURE OR PRESCRIPTION, ASK YOUR PHYSICIAN/PROVIDER NOW **BEFORE SIGNING THIS CONSENT FORM.**



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OPERATION OR PROCEDURE
(rev. 5/2014)

CONSENT PROCEDURE
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Place Patient Identification Label Here

Date	Time	Patient or Legally Authorized Representative
		Relationship to Patient
		Witness to signature if telephone consent
<p>6. Physician/PA/NP Declaration: I have explained the contents of this document to the patient and/or legally authorized representative and have answered all of the patient's and/or legally authorized representative's questions, and to the best of my knowledge, the patient and/or legally authorized representative has been adequately informed and consented to the procedure detailed above.</p>		
Physician/PA/NP Signature	Date	Time

Informed consent discussion interpreted for patient/representative by:

Declined preferred language consent



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