

Patient Safety & Quality Checklist for Patch Testing©

Recording Assessment Procedures and Precautions

Initial Consultation Appointment

Completed by: _____ (Initials)

Date: _____

Please Check (✓) Box where appropriate

- Patch Test education completed, pamphlet given
- Reason why we may not patch test reviewed
- Important things to do reviewed
- Skin care education
- Skin care product samples provided _____
- Referral to another specialist
- Photographs taken Patient consent signed
- Patch test ordered Yes No
- Patient to bring products for patch testing _____
- Custom patch test ordered
- Patient asked to bring MSDS
- MSDS on file

Comments/ Other

Please turn over

Patch Testing Clinic (PTC) Appointments

Quality Control Flow Patch Test Preparation

Completed by: _____ (Initials)	Date: _____
<input type="checkbox"/> Physician's order reviewed	
<input type="checkbox"/> Trays/allergens sheet pulled	
<input type="checkbox"/> Individual allergens added & documented	
<input type="checkbox"/> Patches prepared	
<input type="checkbox"/> Liquid applied	
Comments/ Other	

PTC Appt 1

Completed by: _____ (Initials)	Date: _____
<input type="checkbox"/> Consent signed	
<input type="checkbox"/> Double identifiers checked	
<input type="checkbox"/> Procedures & precautions reviewed (rash may flare; severe reaction process etc.)	
<input type="checkbox"/> Patches applied	
<input type="checkbox"/> Patch test diagram completed	
Comments/Other ie: Patient questions & concerns	

PTC Appt 2

Completed by: _____ (Initials)	Date: _____
<input type="checkbox"/> Regular patches removed	
<input type="checkbox"/> Specialized allergens <input type="checkbox"/> removed <input type="checkbox"/> left on	
<input type="checkbox"/> Reactions documented	
<input type="checkbox"/> Additional patches applied, documented & dated	
<input type="checkbox"/> Instructions as appropriate	
<input type="checkbox"/> Allergen information sheets pulled	
<input type="checkbox"/> Photographs taken <input type="checkbox"/> Patient consent signed	
<input type="checkbox"/> Comments/ Other	

PTC Appt 3

Completed by: _____ (Initials)	Date: _____
<input type="checkbox"/> Physician final reading noted and documented in chart	
<input type="checkbox"/> Photographs taken <input type="checkbox"/> Patient consent signed	
<input type="checkbox"/> Skincare education provided	
<input type="checkbox"/> Information sheets provided if positive patch test results	
<input type="checkbox"/> CAMP print out provided if positive patch test results	
<input type="checkbox"/> Comments/Other	