

# Approach to Residents With Reported Penicillin Allergy



## Ask about the associated antibiotic, timing, and outcome of the reaction

- What antibiotic was the resident taking when he or she had the reaction? \_\_\_\_\_
- What year was it or how old was the resident when the reaction happened? \_\_\_\_\_
- How soon after starting the antibiotic did the reaction happen (e.g., minutes to hours or after several days)? \_\_\_\_\_
- Did the resident seek medical care for the reaction? \_\_\_\_\_
  - Did the resident need to be hospitalized? \_\_\_\_\_

## What was the reaction?

*Check the appropriate boxes*

<b>Intolerance</b> <ul style="list-style-type: none"> <li>• These are not allergies and should not be labeled as an allergic reaction</li> </ul>	<input type="checkbox"/> Isolated gastrointestinal symptoms (nausea, diarrhea) <input type="checkbox"/> Headache <input type="checkbox"/> Itching without rash <input type="checkbox"/> Yeast infection
<b>Laboratory abnormality related to antibiotics (including <i>Clostridioides difficile</i> infection)</b>	<input type="checkbox"/> Elevated liver enzymes <input type="checkbox"/> Kidney dysfunction <input type="checkbox"/> Low blood counts <input type="checkbox"/> <i>C. difficile</i> infection <input type="checkbox"/> QTc prolongation <input type="checkbox"/> Other _____
<b>Low-risk antibiotic allergy</b>	<input type="checkbox"/> Maculopapular rash <ul style="list-style-type: none"> <li>• Begins days after antibiotic start</li> <li>• Red, minimally raised, and rough to the touch like fine-grit sandpaper</li> <li>• Generally involves the trunk and extremities</li> </ul> <input type="checkbox"/> No need for hospitalization due to rash
<b>Medium-risk antibiotic allergy</b>	<input type="checkbox"/> Hives with no other symptoms <ul style="list-style-type: none"> <li>• Hives are red, raised, smooth, itchy bumps often with white centers that can be different sizes</li> </ul> <input type="checkbox"/> Severe maculopapular rash that required hospital admission
<b>High-risk antibiotic allergy</b>	<input type="checkbox"/> Anaphylaxis <ul style="list-style-type: none"> <li>• Reaction occurs within minutes to hours after antibiotic start</li> <li>• Angioedema (face swelling), wheezing, hives, low blood pressure</li> </ul> <input type="checkbox"/> Rash consisting of blisters, skin peeling, and/or involvement of mucous membranes <ul style="list-style-type: none"> <li>• Suggests Stevens-Johnson syndrome, toxic epidermal necrolysis</li> </ul>

## Next steps

Intolerance	Remove the medication from the allergy list and document intolerance. Consider a different beta-lactam antibiotic or medication to help with symptoms if the same antibiotic is indicated.
Lab abnormality	Evaluate the type and severity of the abnormality and the need for the associated antibiotic to determine whether to rechallenge or select a different antibiotic.
Low risk	Consider an alternative beta-lactam antibiotic such as a cephalosporin.
Medium risk	Residents with isolated hives and/or a reaction severe enough to require hospitalization should be evaluated by an allergy specialist before considering beta-lactam antibiotics.
High risk	These residents should NOT receive penicillin or other beta-lactam antibiotics in the absence of consultation with an allergy specialist to confirm the diagnosis.

History obtained by \_\_\_\_\_ Date/time \_\_\_\_\_

Reviewed by physician \_\_\_\_\_ Date/time \_\_\_\_\_

## References

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