DOES YOUR PATIENT HAVE A DOCUMENTED ALLERGY TO PENICILLIN?

NO

NO / UNCERTAIN

Is there a history suggestive of a **Type IV Hypersensitivity Reaction** to a penicillin?

- 1. Rash with blistering
- 2. Oral or genital ulceration/blistering
- 3. Rash associated with a severe systemic illness requiring admission to hospital



If **YES** to any – **STOP** and **DO NOT** administer a penicillin or other beta-lactam antibiotic. Refer to traffic light system below.

PATIENT MIGHT BE SUITABLE for Penicillin Allergy Challenge and De-labelling (PADL) exercise

Refer to separate sheet for further guidance

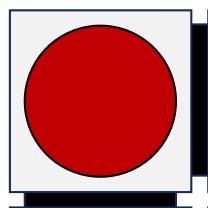
Determine the risk of an underlying **Type I Hypersensitivity Reaction** to a penicillin

Were **any** of the following features reported following a penicillin dose?

- 1. Collapse
- 2. Facial +/- throat swelling
- 3. Breathing difficulties
- 4. Itchy rash

If YES to any and within 1 hour of administration, there is a high probability of Type I Hypersensitivity Reaction

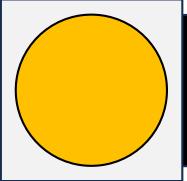
AVOID penicillin antibiotics and do not give other classes of beta-lactam antibiotic without specialist input. Refer to traffic light system below.



These drugs are **CONTRAINDICATED** in suspected Type I or IV Hypersensitivity Reaction to any penicillin. Penicillin and Cephalosporins should not be prescribed to these patients

Amoxicillin, Co-amoxiclav, Flucloxacillin, Pivmecillinam, Temocillin Penicillin V (Phenoxymethylpenicillin), Penicillin G (Benzylpenicillin) Piperacillin-Tazobactam (Tazocin), Ampicillin

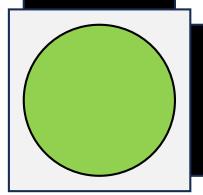
This is a not an exhaustive list!



These drugs are not for use in patients with severe penicillin allergy, unless at discretion of ID/Microbiology. Can be **USED WITH CAUTION** with history of minor allergy symptoms

Cephalosporins: Cefalexin, Cefazolin, Cefadroxil, Cefixime, Cefotaxime, Cefuroxime, Ceftazidime, Ceftriaxone, Ceftaroline Other beta-lactams: Meropenem, Ertapenem, Aztreonam

This is a not an exhaustive list!



These drugs are CONSIDERED SAFE to use in patients with a penicillin allergy

Azithromycin, Chloramphenicol, Clindamycin, Ciprofloxacin, Colistin, Cotrimoxazole, Dalbavancin, Doxycycline, Erythromycin, Fosfomycin, Gentamicin, Levofloxacin, Linezolid, Metronidazole, Nitrofurantoin, Ofloxacin, Rifampicin, Sodium Fusidate, Tetracycline, Teicoplanin, Tigecycline, Trimethoprim, Vancomycin

This is a not an exhaustive list!

Did you know...

- 1. Approximately **10%** of the UK population have a documented penicillin allergy, the actual risk of anaphylactic reaction from a penicillin antibiotic is about **0.002%** of treated patients
- 2. Up to **90%** of patients who report a penicillin allergy may have a non-allergic reaction, such as gastrointestinal upset.
- 3. Mislabeling of patients with penicillin allergy leads to unnecessary use of broad-spectrum antibiotics which fosters **antimicrobial resistance** and increase the risk of adverse outcomes, such as clostridium difficile infection. These alternative antibiotics also tend to more expensive.
- 4. Correctly identifying penicillin non-allergy and utilizing beta-lactam antibiotics where possible improves patient outcomes and reduces rates of antibiotic adverse events!



