# Penicillin allergies

For community healthcare providers





## Action plan: Patients reporting penicillin allergies

Not all allergies are the same. It is important to ascertain and accurately document the nature of the allergy i.e.;

- What is the name of the penicillin, if known?
- What happened and how long ago?
- The specific penicillin involved (was it a single penicillin or a class reaction?)
- What beta-lactams have been tolerated since?

Refer to the Therapeutic Guidelines: Antibiotic Version 16 for further information.

#### Common examples used in GP clinics:

**Penicillins:** amoxicillin, amoxicillinclavulanate, flucloxacillin, penicillin V

**Cephalosporins:** cefaclor, cefalexin, cefuroxime



# Assess the nature of the allergy



## **Action**

Nausea, vomiting, headache, dizziness, diarrhoea

(Non-immune mediated adverse drug reaction)

These are
not allergies,
They are side effects

### OK to prescribe penicillin

May be appropriate to remove 'penicillin allergy' from patient's record

Non-severe skin rash alone (maculopapular or benign child-hood rash). Usually delayed onset after days of treatment (T-cell mediated)

These are <u>non-severe</u> reactions, usually <u>delayed</u> onset

### **Avoid penicillins**

## Safe to prescribe cephalosporins

**Avoid:** cefalexin and cefaclor only if recent reaction (within 10 years) specifically to amoxicillin or ampicillin

Localised or mild urticarial rash (itchy hives), typically within 2 hours of dose (IgE mediated)

These are <u>non-severe</u> reactions, usually <u>immediate</u> onset

#### **Avoid penicillins**

## Safe to prescribe cephalosporins

**Avoid:** cefalexin and cefaclor if reaction was to amoxicillin or ampicillin

#### Severe Cutaneous Adverse Reactions

- Stevens-Johnson Syndrome (SJS)
- Toxic Epidermal Necrolysis (TEN)
- Acute Generalised Exanthematous Pustulosis (AGEP)
- Drug Rash Eosinophilia and Systemic Symptoms (DRESS)

OR interstitial nephritis OR severe liver injury

(T-Cell mediated)

These are <u>severe</u> reactions with <u>delayed</u> onset Avoid ALL penicillins and ALL cephalosporins

## Use non beta-lactam antibiotics

or seek specialist allergy advice

Anaphylaxis, hypotension, collapse, airway and/or tongue swelling, respiratory involvement, widespread urticarial rash (extensive hives all over the body) (IgE mediated)

These are <u>severe</u>
reactions with an
<u>immediate</u> onset

Avoid ALL penicillins and ALL cephalosporins

# Use non beta-lactam antibiotics

or seek specialist allergy advice



