Penicillin allergies

Information for hospital clinicians





Action plan: Patients with 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.



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 penicillins

'De-label' patient

- Document in medical record and contact their GP to update their records
- <u>Not</u> suitable for an oral penicillin rechallenge. Rechallenge only if patient is fixated on the allergy.

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*, carbapenems and aztreonam

May be suitable for an oral penicillin rechallenge, seek specialist advice

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

These are <u>non-severe</u>

reactions, usually

<u>immediate</u> onset

Avoid penicillins

Safe to prescribe cephalosporins[†], carbapenems and aztreonam

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-lactams
Safe to prescribe aztreonam

Seek specialist advice (e.g. Infectious Diseases) for other options.

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

These are <u>severe</u> reactions with an <u>immediate</u> onset Avoid ALL penicillins and ALL cephalosporins‡

Use non beta-lactams
Safe to prescribe aztreonam

Seek specialist advice (e.g. Infectious Diseases) for other options.

^{*}Avoid cefalexin and cefaclor only if recent reaction (within 10 years) to amoxicillin or ampicillin, †Avoid cefalexin and cefaclor if reaction was to amoxicillin or ampicillin, ‡Cephalosporins or carbapenems may be given for critical infections in specialist settings, seek expert advice.





⁽IgE mediated)