

Penicillin allergies

Action plan for clinicians



NCAS

National Centre for
Antimicrobial Stewardship



Penicillin allergy assessment questions

- What was the name of the penicillin?
- What were the details of the reaction?
- How was the reaction managed? Did it require treatment or hospitalisation?
- How long after taking the antibiotic did the reaction occur? How many years ago did the reaction occur?
- What antibiotics have been tolerated since?

Nature of the reaction

Nausea, vomiting, headache, dizziness, diarrhoea

Side effect, not an allergy

Non-severe skin rash alone (maculopapular or benign childhood rash). Usually >24 hours after starting antibiotic

Delayed non-severe allergy

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

Immediate non-severe allergy

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

Immediate severe allergy

Severe Cutaneous Adverse Reactions, i.e. SJS, TEN, AGEP and DRESS
OR interstitial nephritis OR severe liver injury

Delayed severe allergy

Action

Safe to prescribe penicillins

Remove penicillin allergy from patients medical record

Avoid penicillins

Safe to prescribe cephalosporins*, carbapenems and aztreonam

Consider oral penicillin rechallenge in hospitalised patients

Avoid penicillins

Safe to prescribe cephalosporins^, carbapenems and aztreonam

Consider referral to an allergy specialist for oral penicillin challenge +/- skin testing

Avoid penicillins

In community practice, avoid all cephalosporins

In hospital practice, avoid cefalexin and cefaclor if allergic to amoxicillin or ampicillin. Other cephalosporins, carbapenems or aztreonam may be prescribed

Avoid penicillins AND cephalosporins

Seek specialist allergy advice before prescribing aztreonam or carbapenems, or use non beta-lactam antibiotics

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