



History of reported reaction to penicillin \* OR penicillin allergy \* recorded in medical notes  
 \* Penicillin includes all penicillin antibiotics including Amoxicillin, Penicillin V (Phenoxymethylpenicillin), Flucloxacillin, Co-Amoxiclav, Augmentin etc  
 Take an ALLERGYFOCUSEDHISTORY - (see Box1forguidance)  
 Could there be another explanation for the symptoms? e.g. viral urticaria, acute/chronic spontaneous urticaria, side-effects

HISTORY NOT SUGGESTIVE OF DRUG ALLERGY	MILD OR DELAYED SYMPTOMS	IMMEDIATE OR SIGNIFICANT SYMPTOMS
Family history but no personal history of penicillin allergy	Reported mild reaction but details unknown	Any evidence of severe reaction/anaphylaxis
Patient has tolerated same drug since without reaction	Delayed symptoms i.e. symptoms occurring > 1 hour after initial dose	Immediate symptoms i.e. symptoms occurring < 1 hour after initial dose
Minor gastrointestinal symptoms e.g. nausea, abdominal pain, diarrhoea	Mild urticaria, itchy or maculopapular rash and/or mild angioedema/swelling > 1 hour after initial dose	Immediate urticaria, angioedema, cough, wheeze, shortness of breath, loss of consciousness, collapse
Other minor symptoms e.g. headache, malaise, fatigue, strange taste in mouth	Vomiting	Any rash associated with blisters, skin peeling, mucosal inflammation (eyes, mouth, genitals), purpura
Oral candidiasis (thrush)	Symptoms occurring after completion of the course	Patient required hospital admission OR required treatment with adrenaline due to reaction

**NO PENICILLIN ALLERGY – DO NOT LABEL AS ALLERGIC**

**DO NOT LABEL AS PENICILLIN ALLERGIC**  
 If patient is already labelled this can safely be removed  
 Update medical records

**ADVISE AND REASSURE** patient/parent that

- History is not suggestive of penicillin allergy
- **NO FURTHER TESTING IS REQUIRED**
- **SAFE TO HAVE PENICILLIN – no need to avoid**

If ongoing parental concern or anxiety about allergy then please refer to paediatric drug allergy service

**LOW RISK OF ALLERGY - REFER TO SECONDARY CARE**

Advise patient/parent that **RISK OF ALLERGY IS LOW**

- Symptoms are likely due to concurrent infection
- Inform patient/parent of the option to de-label
- **REFER** to local secondary care for oral challenge
- **INVESTIGATIONS (SPT/BLOODS) ARE NOT REQUIRED**

**ADVISE TO AVOID PENICILLIN UNTIL CHALLENGED**  
**SAFE TO HAVE CEPHALOSPORINS & MACROLIDES**  
 (unless previously reported reaction to these)

**REFER TO PAEDIATRIC ALLERGY SERVICE**

**ADVISE TO AVOID PENICILLIN & CEPHALOSPORINS**  
**SAFE TO HAVE MACROLIDES AND CARBAPENEMS**  
 (unless previously reported reaction to these)

- **REFER** to specialist paediatric drug allergy service
- Use **referral form** to collect relevant information

**ADRENALINE AUTOINJECTORS ARE NOT REQUIRED**

**DO NOT ADVISE PATIENTS THAT THEY ARE DEFINITELY ALLERGIC UNTIL THEY HAVE BEEN SEEN/INVESTIGATED**



## Box 1 – How to take an ALLERGY FOCUSED HISTORY

### **E: Exposure:**

Has the patient had a reported reaction after taking penicillin\* ? (e.g. Amoxicillin, Penicillin V, Flucloxacillin, Co-Amoxiclav, Augmentin)

How was it given? (e.g. oral, intravenous)

### **A: Allergen:**

Which penicillin was given? (e.g. Amoxicillin, Penicillin V, Flucloxacillin, Co-Amoxiclav, Augmentin)

Were they taking any other medications at the same time? Document all medications including timing in relation to symptoms

### **T: Timing:**

How long after the dose of penicillin were symptoms reported? (e.g. within minutes, < 1 hour after dose, hours after dose, next day, after completion of course)

After which dose were the symptoms reported?

How long ago was the reported reaction?

### **E: Environment:**

What was penicillin being given for? What was being treated? (e.g. URTI/ear/throat infection, LRTI/chest infection, skin infection etc)

Where was it given (e.g. at home, in hospital)

### **R: Reproducibility:**

Has the patient had a similar reaction to penicillin on more than one occasion?

Were symptoms reproducible with repeated dosing?

Have they had this (or another) penicillin before? If yes - when/how often?

Have they been given this (or another) penicillin since the reported reaction?

### **S: Symptoms:**

What were the symptoms? (e.g. rash, hives, swelling, nausea, vomiting, rhinitis, cough, wheeze, SOB, loss of consciousness, collapse)

In case of rash, what did it look like? (e.g. maculopapular, urticaria, pin-prick, purpura, blisters, skin peeling, mucosal involvement)

How long did the symptoms take to settle? Was any treatment given?

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