Penicillin Allergy Delabeling Guideline

Age: 3 months to < 18 years of age



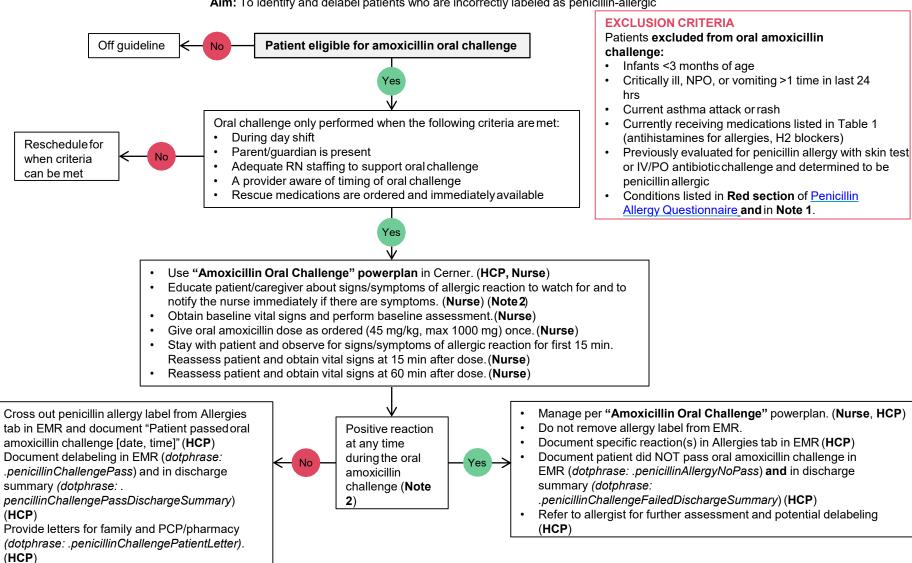
Aim: To identify and delabel patients who are incorrectly labeled as penicillin-allergic **EXCLUSION CRITERIA** Patient admitted to Patients excluded from oral amoxicillin Evaluate: hospital and has challenge: Reaction history using Penicillin Allergy Questionnaire (Nurse) documented Infants <3 months of age Previously tolerated penicillins in EMR (**Pharmacist**) penicillin, Critically ill, NPO, or vomiting >1 time in amoxicillin, or last 24 hrs amoxicillin-Current asthma attack or rash Review questionnaire responses with HCP (Nurse) clavulanate allergy Currently receiving medications listed in Document reaction history in Allergies tab in EMR (Healthcare Provider in EMR Table 1 (antihistamines for allergies, H2 HCP) blockers) Document previously tolerated penicillins in Allergies tab (Pharmacist) Previously evaluated for penicillin allergy with Scan completed questionnaire in Allergies in EMR (HUC) skin test or IV/PO antibiotic challenge and determined to be penicillinallergic Conditions listed in Red section of Manage the patient according to their category on the Penicillin Allergy Questionnaire and in Penicillin Allergy Questionnaire? Note 1. Yellow Green Red Offer delabeling based on history alone (HCP) Screen for Exclusion Criteria and review Note 1 · Not eligible for oral challenge Provide handout on penicillin allergy (Nurse) (HCP) (If patient does not qualify for oral amoxicillin · Refer to allergist challenge due to a temporary condition under Off pathway Exclusion Criteria, document in EMR (dot phrase: .penicillinAllergyScreenNotEligible) (HCP) Patient/caregiver in agreement If eligible, offer oral amoxicillin challenge (HCP) • Provide handouts (Nurse) Penicillin allergy · Oral amoxicillin challenge Cross out penicillin allergy from Allergies tab Patient/caregiver in agreement in EMR (HCP) · Document allergy delabeling in EMR (dotphrase: .penicillinDelabelNoChallenge) Yes (HCP) Provide letters for family and PCP/pharmacy Proceed with oral (dotphrase: .penicillinChallengePatientLetter) Refer to allergist (HCP) amoxicillin challenge (see (HCP) Off pathway page 2)

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Table 1. Patients are excluded if they received any of the following
antihistamines within the specified timeframe prior to the
anticipated oral amoxicillin challenge.

anticipated oral amoxicillin challenge.			
Azelastine Nasal Spray (Astelin™, Astepro™)		12 days	
Cetirizine (Zyrtec™)	Hydroxyzine (Atarax™)		
Chlorpheniramine (Chlortimeton™)	Levocetirizine (Xyzal™)		
Desloratadine (Clarinex™)	Loratadine (Claritin™)		
Diphenhydramine (Benadryl™)	Promethazine (Phenergan™)	5 days	
Fexofenadine (Allegra™)	Cyprohepatadine (Periactin™)		
Over the counter cold & cough medications			
Cimetidine (Tagamet™)	Ranitidine (Zantac™)		
Famotidine (Pepcid™)	Nizatidine (Axid™)	2 days	
Ketotifen Eye Drops (Alaway TM , Eye Itch Relief TM . Zaditor TM)	Olopatadine Nasal Spray or Eye Drops (Patanase TM , Patanol TM , Patanol TM)		

Note 1: Other contraindications to oral amoxicillin challenge that should be excluded prior to oral challenge **in addition to** the **Red category criteria** are **(HCP)**:

- Drug-induced neutrophilic dermatosis (Sweet's syndrome)
- Drug-induced autoimmune diseases (bullous pemphigoid, pemphigus vulgaris, linear IgA bullous disease, drug-induced lupus)
- Organ-specific drug-induced reactions (cytopenias, drug-induced liver injury, nephritis, pneumonitis, meningitis, pancreatitis)
- Drug-induced vasculitis (leukocytoclastic vasculitis, eosinophilic granulomatosis with polyangitis)

Note 2. Positive reactions that are consistent with allergy include:

Anaphylaxis (**Table 2**) OR any of the following reactions by organ system:

- Skin: Urticaria (hives), flushing, exanthem, angioedema, mouth or eye soreness, persistent pruritus (≥ 3 min)
- Cardiovascular: Hypotension, syncope
- Gastrointestinal: Repetitive vomiting, abdominal cramping
- Musculoskeletal: Hypotonia
- Respiratory: Dyspnea, wheezing, hypoxia, repetitive coughing, stridor, vocal changes (dysphonia, aphonia)

Positive reactions that are **doubtful** for presence of allergy and/or require **further assessment** by an allergist include: headache, diarrhea, nausea, single episode of vomiting, transient pruritus without rash, mild self-limited rash (not hives), persistent rhinorrhea (≥ 3 min), persistent rubbing of nose or eyes (≥ 3 min).

Table 2. Anaphylaxis is highly likely when any one of the following 2 criteria are fulfilled:

- Acute onset* of an illness with involvement of the skin, mucosal tissue, or both (e.g. generalized hives, pruritus or flushing, swollen lips-tongue-uvula)
 AND ≥1 of the following:
 - Respiratory compromise (e.g. dyspnea, wheeze-bronchospasm, stridor, reduced peak respiratory flow (PEF), hypoxemia)
 - Reduced blood pressure** or associated symptoms of end-organ dysfunction (e.g. hypotonia [collapse], syncope, incontinence)
 - Severe gastrointestinal symptoms (e.g. severe crampy abdominal pain, repetitive vomiting)
- Acute onset of hypotension or bronchospasm or laryngeal involvement (stridor, vocal changes, odynophagia) even in the absence of typical skin involvement

Refer to Anaphylaxis Clinical Guideline

*Minutes to several hours from exposure. Most immediate reactions occur within the 1st hour following drug administration.

- **Hypotension defined as systolic blood pressure (mm Hg):
 - < 12 months of age: < 70</p>
 - 1-10 years of age: <70 + (2 × age in years)
 - > 10 years of age: < 90



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References

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