

Penicillin/Amoxicillin Allergy De-labeling

Your child has penicillin or amoxicillin listed as an allergy in their chart. Based on the questions that you answered in the questionnaire, the chance that your child has a true allergy to penicillin/amoxicillin is low. Your child may be able to have this allergy label removed. This could have many health benefits for your child.

Why is it important to know if my child does not have a penicillin allergy?

- Antibiotic medicines, such as penicillin and amoxicillin, kill bacteria (germs) that cause infections and save lives with proper use. The goal of an antibiotic medicine is to only kill the germs that cause the infection, not the germs that help the body.
- If your child has a penicillin or amoxicillin allergy, they will not be able to receive them or any other penicillin-containing antibiotic medicines. They must take different medicines that could be more harmful to the body, kill helpful germs, and be less effective in treating an infection.
- As many as 9 out of 10 children with a penicillin/amoxicillin allergy label in their medical record did not have a true allergic reaction when they were given penicillin/amoxicillin again. This allows the best antibiotic medicine to be given for a future infection.

What is “de-labeling”?

- De-labeling is testing to see if your child’s allergy label to penicillin/amoxicillin can be safely removed. There are a few ways to know if a reaction is a true allergy:
 - A review of past medical history and past allergic reactions with a healthcare provider could be enough to know that your child did not have a true allergic reaction.
 - An **oral amoxicillin challenge** (described further below).

What are the benefits of testing my child for an allergy to penicillin/amoxicillin?

Penicillin/amoxicillin has the following benefits compared to other antibiotics for the same type of infection:

- Is more effective
- Has fewer side effects
- Is less harmful to the body
- Allows a shorter hospital stay
- Costs less

If your child is not truly allergic to penicillin/amoxicillin, they can receive these benefits.

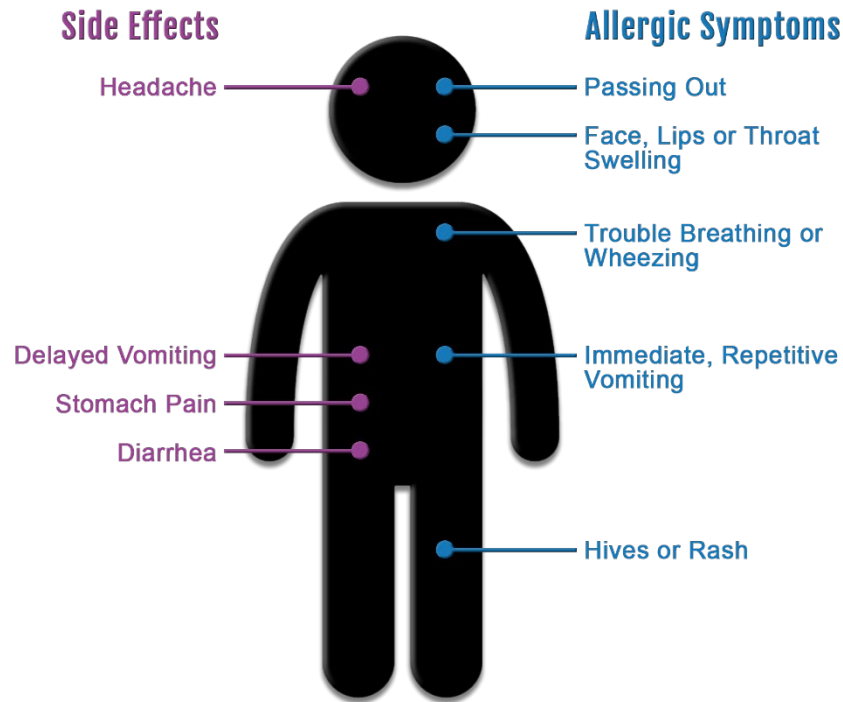
What happens during the oral amoxicillin challenge?

Your child will be given amoxicillin (an antibiotic medicine from the penicillin family) by mouth and watched for signs of an allergic reaction.

- Your child's provider will answer any questions you have about the oral amoxicillin challenge before starting.
- Your child's vital signs, such as temperature, blood pressure, and heart rate will be taken.
- Your child’s nurse will give your child the amoxicillin by mouth.
- After 15 minutes and again after 60 minutes, your child’s nurse will take vital signs.
- Throughout this time we will watch with you for any allergic reaction symptoms.

What should I as the caregiver do during the oral amoxicillin challenge?

Tell your nurse if your child begins to have difficulty breathing, gets a rash, vomits, or if you have any other questions about how your child looks or acts.



What happens after the oral amoxicillin challenge?

If your child **did not pass** the oral amoxicillin challenge:

- Your child's provider will treat the reaction
- Your child's allergy will **NOT** be removed from your child's medical record
- Your child should **NOT** receive penicillin or amoxicillin without the approval of an allergy specialist.

If your child **passed** the oral amoxicillin challenge:

- Your child's healthcare provider has determined that your child **can** take penicillin/amoxicillin when they need it next.
- We will remove your child's penicillin/amoxicillin allergy from your child's medical record at Children's Minnesota.
- You can tell other healthcare providers and pharmacists that your child's penicillin/amoxicillin allergy was removed from the medical record as they have passed an oral amoxicillin challenge.
- **DO NOT** re-label your child as having an allergy to penicillin/amoxicillin unless something new happens after your child takes penicillin/amoxicillin in the future.

Questions?

This information is not specific to your child but provides general information. If you have any questions, please talk further with your child's inpatient doctor.