

Antibiotic Allergy Assessment Tool

This tool is intended for use by nurses, doctors and pharmacists to assess a patient's antibiotic allergy history and status and to identify eligibility for de-labelling.

Clinical history

What was the reaction to?

(Unspecified "penicillin" OR "cephalosporin"; OR specific agent)

- | | |
|---|--|
| <input type="checkbox"/> Penicillin (unknown/unspecified) | <input type="checkbox"/> Cephalosporin (unknown/unspecified) |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Cefaclor |
| <input type="checkbox"/> Amoxicillin + clavulanate | <input type="checkbox"/> Cefalexin |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Cefalotin |
| <input type="checkbox"/> Benzylpenicillin | <input type="checkbox"/> Cefazolin |
| <input type="checkbox"/> Dicloxacillin | <input type="checkbox"/> Cefepime |
| <input type="checkbox"/> Flucloxacillin | <input type="checkbox"/> Cefotaxime |
| <input type="checkbox"/> Phenoxyethylpenicillin | <input type="checkbox"/> Ceftriaxone |
| <input type="checkbox"/> Piperacillin + tazobactam | <input type="checkbox"/> Ceftazidime |
| <input type="checkbox"/> Procaine benzylpenicillin | <input type="checkbox"/> Ceftazidime + avibactam |
| <input type="checkbox"/> Ticarcillin + clavulanate | <input type="checkbox"/> Ceftolozane + tazobactam |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cefuroxime |

After **how many doses** did the reaction occur?

- After the first dose
 After two or more doses

How long after receiving the last dose did the reaction occur?

- Within two hours
 After two hours

What was the **severity** of the reaction?

- Mild to moderate
 Severe (see reverse for severe reactions)
 Unknown

When did the reaction occur?

- >10 years ago
 <10 years ago

Was the reaction a **known ADVERSE EFFECT** of the antibiotic?

**If the reaction is a known adverse effect of the antibiotic, the allergy label can be removed and the patient is safe to use that antibiotic(s)

- Yes (e.g. nausea, vomiting, diarrhoea, headache)
If YES – nil further assessment required, allergy label may be removed and antibiotic can be used after discussion with patient and consideration of risk vs benefit.
 No

What was the **treatment** of the reaction?

**If the reaction did not require medical treatment or hospitalisation, the patient may be suitable for a direct oral challenge

- No treatment
 Over-the-counter preparations (e.g. oral antihistamine, paracetamol)
 Medical review or treatment required (e.g. adrenaline, IV fluids, oral steroids)
 Hospitalisation/ED presentation required
 Unknown

What was the reaction?

**If the patient experienced a mild, non-immune-mediated reaction, they may be suitable for a direct oral challenge

- Localised red rash, not immediate, that did not require active medical intervention
 Mild red rash, not immediate, that did not require active medical intervention
 Family history of penicillin/cephalosporin allergy
 Childhood reaction – unspecified; nil severe reaction or hospitalization
 Unknown reaction >10 years ago
 None of the above and no features of severe reaction or organ involvement

Severe reactions – If the patient experienced any of the following symptoms, seek expert advice

Patient not suitable for direct de-labelling of allergy OR direct oral challenge and will require specialist allergy assessment and testing.

Rash – Immediate (within 1-2 hours)

- Diffuse, red, itchy rash over large space of body that requires medical intervention

Rash – Delayed

- Diffuse, red, itchy rash over large space of body that requires medical intervention

Rash - Other

- Pustular, blistering or desquamating (SJS; SCAR[^])
- Urticarial (wheals and hives)
- Mucous membrane involvement/ulcer formation

Swelling

- Angioedema – lip, facial, tongue swelling
- Other sites

Respiratory

- Laryngeal/airway compromise
- Respiratory compromise – chest tightness, wheeze, shortness of breath

Systemic symptoms

- Anaphylaxis, unexplained hypotension, collapse

Haematological abnormalities

- Thrombocytopenia
- Neutropenia
- Hypohaemoglobinaemia
- Eosinophilia – Examine patient's history for DRESS[^]

Renal/hepatic

- Acute renal failure or injury
- Acute liver failure or injury

Neurological

- Severe – seizures, psychosis

Other

- Fever (not explained by any other source)
- Anaphylactoid/infusion reactions

Tolerability

Has the patient tolerated any beta-lactam antibiotics since the reaction, including those administered in hospital?

Tick all that apply:

- | | |
|---|--|
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| <input type="checkbox"/> Phenoxyethylpenicillin | <input type="checkbox"/> Ceftaroline |
| <input type="checkbox"/> Piperacillin + tazobactam | <input type="checkbox"/> Ceftazidime |
| <input type="checkbox"/> Procaine benzylpenicillin | <input type="checkbox"/> Ceftazidime + avibactam |
| <input type="checkbox"/> Ticarcillin + clavulanate | <input type="checkbox"/> Ceftolozane + tazobactam |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Ceftriaxone |
| | <input type="checkbox"/> Cefuroxime |

Contact the patient's GP

Does the GP have knowledge of the documented allergy?

- Yes
- No

[^]SJS = Steven-Johnson Syndrome, SCAR = Severe Cutaneous Adverse Reaction, DRESS = Drug Rash with Eosinophilia and Systemic Symptoms