A
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Toolkit A

Penicillin Allergy History

Patient ID/ Sticker:

Date of reaction: _____

Route of last administration: ☐ Oral ☐ Intravenous

Reaction details (check all that apply):

Intolerance histories

- ☐ Isolated GI upset (diarrhea, nausea, vomiting, abdominal pain)
- ☐ Chills (rigors)
- ☐ Headache
- ☐ Fatigue

Low-risk allergy histories

- ☐ Family history
- ☐ Itching (pruritus)
- ☐ Unknown, remote (> 10 yr ago) reaction
- ☐ Patient denies allergy but is on record

Moderate-high risk allergy histories (potential IgE reactions)

- ☐ Anaphylaxis
- ☐ Angioedema/swelling
- ☐ Bronchospasm (chest tightness)
- ☐ Cough
- ☐ Nasal symptoms
- ☐ Arrhythmia
- ☐ Throat tightness
- ☐ Hypotension
- ☐ Flushing/redness
- ☐ Shortness of breath
- ☐ Rash
- ☐ Syncope/pass out
- ☐ Wheezing
- ☐ Dizzy/lightheadedness

Type of rash (if known):

HIGH RISK: Contraindicated penicillin skin testing/challenge (potential severe non-immediate reactions)

- ☐ Stevens-Johnson syndrome (rash with mucosal lesions)
- ☐ Serum sickness (rash with joint pain, fever, myalgia)
- ☐ Thrombocytopenia
- ☐ Fever
- ☐ Organ injury (liver, kidney)
- ☐ Erythema multiforme (rash with target lesions)
- ☐ Dystonia
- ☐ Anemia
- ☐ Acute generalized exanthematous (rash with pustules)
- ☐ Drug reaction eosinophilia and systemic symptoms (rash with eosinophilia and organ injury)

Other symptoms:

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Toolkit A (continued)

Patient ID/ Sticker:

Timing/onset:

- ☐ Immediate (< 4 hrs)
- ☐ Intermediate (4-24 hrs)
- ☐ Delayed (> 24 hrs)
- ☐ Unknown

Treatment:

- ☐ None/penicillin continued
- ☐ Steroids (IV or PO)
- ☐ Penicillin discontinued
- ☐ Other:
- ☐ Antihistamines
- ☐ Epinephrine
- ☐ IV Fluids

How long ago was the reaction:

☐ < 6 mo ☐ 6 mo-1 yr ☐ 2-5 yrs ☐ 6-10 yrs ☐ > 10 yrs ☐ Unknown

Other beta-lactam use:

☐ Previous use of a penicillin or beta-lactam (prior to course that caused reaction)

If yes, please list drugs:

☐ Subsequent use of a penicillin or beta-lactam (after the course that caused a reaction)

If yes, please list drugs:

History taken by

Print name: _____ Signature: _____ Date: _____

B

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Toolkit B

Direct Oral Amoxicillin Challenge for Low-Risk Patients

Patient ID/ Sticker:

Testing is not necessary if a penicillin class antibiotic has been tolerated since the index reaction

DO NOT perform any penicillin allergy testing if there is a history of penicillin-associated:

• Blistering rash • Hemolytic anemia • Nephritis • Hepatitis • Fever • Joint pains

Direct oral amoxicillin challenge can be performed in any patient with a history of the following symptoms associated with penicillin:

- Isolated reactions that are unlikely allergic (e.g., gastrointestinal symptoms, headaches)
- Pruritus without rash
- Remote (>10 years) unknown reactions without features of IgE/immediate hypersensitivity
- May also be used for patients with a family history of penicillin allergy or benign somatic symptoms

First penicillin skin test if:

- The reaction was cutaneous
- The reaction had features of IgE/immediate hypersensitivity
- The patient currently has unstable or compromised hemodynamic or respiratory status or is pregnant with low risk allergy history.

Proceed to amoxicillin challenge only if skin test is negative

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Toolkit B (continued)

Patient ID/ Sticker:

Ordered by: _____ Performed by: _____ Date: ___/___/_____

Amoxicillin oral challenge given: ☐ 250 mg ☐ 500 mg

Time given: _____ Time observation end: _____

Observed challenge reaction:

☐ None

☐ Yes, please list signs and symptoms:

Time to onset:

Observed challenge reaction treatment given:

☐ None

☐ Yes, please list signs and symptoms:

Delayed challenge reaction reported:

☐ None

☐ Yes, please list signs and symptoms:

Time to onset:

Delayed challenge reaction treatment given:

☐ None

☐ Yes, please list signs and symptoms:

C

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Toolkit C

2-Step Amoxicillin Challenge for Moderate-Risk Patients (Skin Testing Not Available)

Patient ID/ Sticker:

Testing is not necessary if a penicillin class antibiotic has been tolerated since the index reaction

Note that this testing is recommended only in locations without access to skin testing materials. This procedure should be performed only after careful consideration of the potential benefit to the patient in question, weighed against the risk of potential harm from an allergic reaction.

DO NOT perform any penicillin allergy testing if there is a history of penicillin-associated:

• Blistering rash • Hemolytic anemia • Nephritis • Hepatitis • Fever • Joint pains

This testing is indicated if:

- The reaction was cutaneous
- The reaction had features of IgE/immediate hypersensitivity
- The patient currently has unstable or compromised hemodynamic or respiratory status or is pregnant with low risk allergy history.

This testing may also be used for low-risk reactions that include:

- Remote (>10 years) unknown reactions without features of IgE
- Pruritus without rash
- Isolated reactions that are unlikely allergic (e.g., gastrointestinal symptoms, headaches)

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Toolkit C (continued)

Patient ID/ Sticker:

Ordered by: _____ Performed by: _____ Date: ___/___/_____

1 Amoxicillin oral challenge given: ☐ 25 mg ☐ 50 mg

Time given: | **Time observed:** ☐ 30 min ☐ 60 min | Time observation end:

Observed challenge reaction:

☐ None

☐ Yes, please list signs and symptoms:

Time to onset:

Observed challenge reaction treatment given:

☐ None

☐ Yes, please list signs and symptoms:

2 Amoxicillin oral challenge given: ☐ 250 mg ☐ 500 mg

Time given: | **Time observed:** ☐ 30 min ☐ 60 min | Time observation end:

Observed challenge reaction:

☐ None

☐ Yes, please list signs and symptoms:

Time to onset:

Observed challenge reaction treatment given:

☐ None

☐ Yes, please list signs and symptoms:

Delayed challenge reaction reported:

☐ None

☐ Yes, please list signs and symptoms:

Time to onset:

Delayed challenge reaction treatment given:

☐ None

☐ Yes, please list signs and symptoms: