# ***Instructions:***

*Use this communication template to update participating units on their penicillin allergy documentation.*

*Brackets [TEXT] indicate locations to insert appropriate text (as specified within the brackets). Convert upper case and bold font within the brackets to match the rest of the email. Italicized text such as this paragraph (whether in brackets or not) indicate instructions to the reader and should be deleted before submission to respective groups/units.*

*Email subject:* **[*Name the intervention*] Progress Report [#]**

*Email text:* ***[Include a brief summary of the report contents and create dialogue to encourage unit engagement (offer to have the study team speak to nurses or physicians on the unit concerning recent progress and areas for improvement). Provide this report as a PDF attachment. Make sure to include the algorithm as a PDF attachment with every email.]***

Dear [PARTICIPATING GROUP/UNIT MEMBERS],

*INTRODUCTION TO ADDRESS PHYSICIANS:* Thank you for supporting our partnership with nurses to improve documentation of accurate penicillin allergy histories and to reduce the use of suboptimal treatment with non-β-lactam antibiotics in patients able to receive β-lactams. Nurses are utilizing an algorithm developed by The Johns Hopkins Hospital Department of Antimicrobial Stewardship that is based on national guidelines to assist front-line staff in obtaining more accurate penicillin allergy histories.

This work is important for patients as data show that alternatives to β-lactams are less effective than β-lactam antibiotics in preventing surgical site infections and treating many infections. Some of the goals of this intervention are to:

* Specify what type of “rash” occurred; it is important to distinguish hives from the common maculopapular rash that appears with amoxicillin and cephalosporins.
* Reduce instances where drug intolerance (e.g., isolated nausea or vaginal itching) is documented as an allergy.
* Avoid entering allergies without specification on what the reaction was or when it occurred (with regards to a patient’s age when the allergy occurred and timing in relation to administration of the offending antibiotic).
* Ultimately, if a nurse determines a penicillin allergy was incorrectly labeled according to the algorithm, the nurse may remove the allergy or alert the primary provider about the incorrect entry.

*INTRODUCTION TO ADDRESS NURSES:* Thank you for your participation in improving documentation of accurate penicillin allergy histories and to reduce the use of suboptimal treatment with non-β-lactam antibiotics in patients able to receive β-lactams. This work is important to patients as data shows that alternatives to β-lactams are less effective than β-lactam antibiotics in preventing surgical site infections and treating infections. Please recall, some of the goals of this intervention are to:

* Specify what type of “rash” occurred; it is important to distinguish hives from the common maculopapular rash that appears with amoxicillin and cephalosporins.
* Reduce instances where drug intolerance (e.g., isolated nausea/vomiting/diarrhea or vaginal itching) is documented as an allergy.
* Avoid entering allergies without specification on what the reaction was or when it occurred (with regards to a patient’s age when the allergy occurred and timing in relation to administration of the offending antibiotic).
* Ultimately, if you determine a penicillin allergy was incorrectly labeled according to the algorithm, we encourage you to either (1) remove the allergy with the documented reason, or (2) alert the primary provider about the incorrect entry.

Below are preliminary results that we would like to share with you.

* *[Include the progress report period being analyzed].*
* *[Include the number and percentage of patients with a penicillin-labeled allergy, and the percent who had no documentation entered (i.e., group by severity, reaction type, and reaction comments if applicable)].*
  + *Please note, given allergy documentation templates may vary by electronic medical record (EMR) software, the study team will need to assess what measures available in their EMR best address the goals of the project.*
* *[Include the number and percentage of patients with (1) non-specific rashes, (2) reactions indicative of anaphylaxis but not documented as anaphylaxis, or (3) reactions listed as nausea/vomiting/diarrhea].*
* *[Include the number and percentage of patients with a penicillin-labeled allergy who received β-lactam antibiotics throughout their hospitalization].*
* *[Make sure to highlight areas of concern or improvement].*

**What can you do to improve your practice?**

Make it a habit to take time to ask your patient thorough questions to gauge the full picture of their allergic episode(s). If you feel uncertain on how to document their allergy history, please communicate with the primary provider, and relay the case to the Antimicrobial Stewardship Program to aid in troubleshooting efforts.

Please feel free to share this with your team and let us know if there are questions regarding the report or algorithms. We would be happy to discuss specific cases.

Thank you for your continued time and efforts on this initiative,

[ANTIMICROBIAL STEWARDSHIP PROGRAM]