



## **IMPROVING PENICILLIN ALLERGY HISTORY DOCUMENTATION**

### **DID YOU KNOW?**

- That true penicillin allergy is rare and most people who think they are allergic are not?
- That patients overcome allergies over time and if you had a true allergic reaction you may be able to take penicillin if needed after appropriate evaluation?
- That alternative medications used because of a penicillin allergy label do not work as well as antibiotics within the penicillin family to treat many infections, and these alternatives may not provide adequate protection if you undergo surgery?

### **HELP US MAKE SURE YOU RECEIVE THE BEST ANTIBIOTIC**

- Answer all the questions your healthcare provider may ask you about antibiotic allergies
- Try to keep records of what antibiotics you have received
- If you are evaluated and told that you no longer have an allergy, report this the next time you are asked about allergies or admitted to the hospital so your allergy history can be updated

# Allergy documentation form for patients with a reported penicillin/amoxicillin allergy involving the skin



**Instructions for patient:** Have you had a skin reaction to penicillin, amoxicillin, amoxicillin/clavulanate (Augmentin), ampicillin or ampicillin/sulbactam (Unasyn)? Place a check on the picture that best resembles the reaction you experienced.

<input checked="" type="checkbox"/>	<u>Image</u>	<u>What happened?</u>	<u>Interpretation</u>
<input type="checkbox"/>		<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• Swelling around your eyes, mouth, tongue or throat</li> <li>• Wheezing and/or severe difficulty breathing</li> </ul> <p><b>When?</b></p> <ul style="list-style-type: none"> <li>• Within 6 hours of taking the antibiotic</li> </ul>	<p><b>This is anaphylaxis</b></p> <ul style="list-style-type: none"> <li>• Further evaluation is needed to determine which antibiotics you can take safely</li> </ul>
<input type="checkbox"/>		<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• “Bull’s-eye” target-shaped rings</li> </ul> <p><b>When?</b></p> <ul style="list-style-type: none"> <li>• After 2—3 days of taking the antibiotic</li> </ul>	<p><b>This is erythema multiforme</b></p> <ul style="list-style-type: none"> <li>• You should <b>NOT</b> take the antibiotic again</li> </ul>
<input type="checkbox"/>		<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• Blisters or peeling skin</li> <li>• Can involve the eyes, mouth or genitalia</li> </ul> <p><b>When?</b></p> <ul style="list-style-type: none"> <li>• After several days of taking the antibiotic</li> </ul>	<p><b>This is exfoliative dermatitis (Stevens-Johnson Syndrome)</b></p> <ul style="list-style-type: none"> <li>• You should <b>NOT</b> take the antibiotic again</li> </ul>
<input type="checkbox"/>		<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• Itchy, red bumps with white centers (look like mosquito bites); can be single or multiple</li> </ul> <p><b>When?</b></p> <ul style="list-style-type: none"> <li>• Within 6 hours of taking the antibiotic</li> <li>• Bumps disappear after a few hours and new ones may appear</li> </ul>	<p><b>This is hives (urticaria)</b></p> <ul style="list-style-type: none"> <li>• Further evaluation is needed to determine which antibiotics you can take safely</li> </ul>
<input type="checkbox"/>		<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• Red dots covering a large area of the body, usually on trunk, arms or legs</li> <li>• May feel rough to the touch</li> </ul> <p><b>When?</b></p> <ul style="list-style-type: none"> <li>• After 2-3 days of taking the antibiotic</li> <li>• <i>Most common type of drug rash</i></li> </ul>	<p><b>This is a non-urticarial rash</b></p> <ul style="list-style-type: none"> <li>• This rash is <b>NOT</b> hives and does <b>NOT</b> become anaphylaxis</li> <li>• The rash may occur again</li> <li>• You may be able to take the same antibiotic</li> </ul>
<input type="checkbox"/>	<p><b>Other reaction (please describe):</b> _____</p>		