



Waitematā
District Health Board
Best Care for Everyone

Penicillin allergy phenotype assessment tool

<h3>Antibiotic Allergy Assessment Tool</h3>	<p>SURNAME _____ NHI _____</p> <p style="text-align: center;">AFFIX PATIENT LABEL HERE</p> <p>FIRST NAMES _____ DOB _____</p>															
<p>Utilise the assessment questions below <u>AND</u> tool overleaf to assess a patient's antibiotic allergy</p> <p>Antibiotic allergy assessment questions</p> <p>What is the name of the antibiotic you are allergic to? _____</p> <p>Have you ever seen an allergy specialist about this allergy? _____</p> <p>Please describe the details of this reaction? (<i>"assessment of <u>type</u> and <u>severity</u>"</i>)</p> <p>_____</p> <p>How was this reaction managed? (<i>"assessment of <u>type</u> and <u>severity</u>"</i>)</p> <p>_____</p> <p>Were you hospitalised as a result of this reaction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How long after having the first antibiotic dose did the reaction occur? (<i>"assessment of <u>timing</u>"</i>)</p> <p>_____</p> <p>How many years ago did the reaction occur? (<i>"assessment of <u>timing</u>"</i>)</p> <p>_____</p> <p>What other antibiotics have you safely taken since the reaction? (<i>"assessment of <u>tolerance</u>"</i>)</p> <p>_____</p> <p><u>Following antibiotic allergy assessment, please ensure:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Allergy labels have been updated (substance, reaction description (with comments), severity, source)</td> <td style="padding: 2px;">Yes <input type="checkbox"/></td> <td style="padding: 2px;">No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">MedChart or paper National Medication Chart</td> <td style="padding: 2px;">Yes <input type="checkbox"/></td> <td style="padding: 2px;">No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Local NHI warning</td> <td style="padding: 2px;">Yes <input type="checkbox"/></td> <td style="padding: 2px;">No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">CARM</td> <td style="padding: 2px;">Yes <input type="checkbox"/></td> <td style="padding: 2px;">No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">EDS or GP notification</td> <td style="padding: 2px;">Yes <input type="checkbox"/></td> <td style="padding: 2px;">No <input type="checkbox"/></td> </tr> </table>		Allergy labels have been updated (substance, reaction description (with comments), severity, source)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MedChart or paper National Medication Chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Local NHI warning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CARM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EDS or GP notification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<p>Name..... Signature.....</p> <p>Designation..... Date.....</p>																

ANTIBIOTIC ALLERGY ASSESSMENT TOOL

DERMATOLOGICAL			RESPIRATORY OR SYSTEMIC			UNKNOWN REACTION			
Clinical manifestation of allergy		Recommendation and resultant allergy type	Clinical manifestation of allergy	Recommendation and resultant allergy type		Clinical manifestation of allergy	Recommendation and resultant allergy type		
Childhood rash (unspecified)		<input type="checkbox"/>	Unlikely to be significant (non-severe)	Laryngeal involvement (throat tightness or hoarse voice)		Unknown reaction ≤ 10 years ago	<input type="checkbox"/>	Unlikely significant (non-severe)	
Immediate diffuse rash (itchy immediate rash) <2 hours post-dose		<input type="checkbox"/>	Immediate hypersensitivity (non-severe)	<input type="checkbox"/> Immediate hypersensitivity (severe)			Unknown reaction > 10 years ago or family history of penicillin allergy only	<input type="checkbox"/>	Unlikely significant (non-severe, low risk)
Diffuse rash or localised rash with no other symptoms >24 hours post-starting antibiotic	≤ 10 years ago	<input type="checkbox"/>	Delayed hypersensitivity (non-severe)	Respiratory compromise (wheeze or shortness of breath)		RENAL			
	> 10 years ago	<input type="checkbox"/>	Delayed hypersensitivity (non-severe, low risk)	Fever (high temperature) <i>Not explained by infection or other cause</i>					<input type="checkbox"/> Immediate hypersensitivity (severe)
Rash and mucosal ulceration (mouth, eye or genital ulcers) <i>Be alert for history of SCAR</i>		<input type="checkbox"/>	Delayed hypersensitivity (severe)	Anaphylaxis or unexplained hypotension or collapse		<input type="checkbox"/> Immediate hypersensitivity (severe)	Renal impairment (Does not meet criteria for renal failure or severe injury [see above])	<input type="checkbox"/> Unlikely immune mediated (non-severe, low risk)	
			HAEMATOLOGICAL			LIVER			
Pustular, blistering or desquamating (skin shedding) rash <i>Be alert for history of SCAR</i>		<input type="checkbox"/>	Delayed hypersensitivity (severe)	Platelets < 150 x10 ⁹ /L or unknown		<input type="checkbox"/> Potential immune mediated (severe)	Severe liver injury or failure (≥5x upper limit of normal for ALT or AST, or ≥3x ULN for ALT with ≥2x ULN for bilirubin, or ≥2x ULN for ALP, or transplant)	<input type="checkbox"/> Potential immune mediated (severe, if DILI)	
Angioedema (lip, facial or tongue swelling)		<input type="checkbox"/>	Immediate hypersensitivity (severe)	Neutrophils <1x10 ⁹ /L or unknown		<input type="checkbox"/> Potential immune mediated (severe)	Hepatic enzyme derangement (Does not meet criteria for liver failure or severe injury [see above])	<input type="checkbox"/> Unlikely immune mediated (non-severe, low risk)	
Swelling (outside of angioedema)		<input type="checkbox"/>	Immediate hypersensitivity (severe)	Haemoglobin < 100 g/L or unknown		<input type="checkbox"/> Potential immune mediated (severe)	NEUROLOGICAL, GASTROINTESTINAL OR OTHER		
Urticaria (wheals or hives)		<input type="checkbox"/>	Immediate hypersensitivity (non-severe)	Eosinophilia (<0.7x 10 ⁹ /L or unknown) <i>Examine history for DRESS</i>		<input type="checkbox"/> Delayed hypersensitivity (severe, if DRESS)	Gastrointestinal symptoms (nausea, vomiting, diarrhoea)	<input type="checkbox"/> Unlikely immune mediated (non-severe, low risk)	
Appropriate for direct de-labelling – removal of allergy label without testing [oral challenge if required]				<input type="checkbox"/>		Mild neurological or CNS manifestation (headache, confusion, depression, mood disorder)	<input type="checkbox"/>	Unlikely immune mediated (non-severe, low risk)	
Appropriate for supervised, direct oral challenge <i>In appropriate setting a direct oral challenge may be performed under specialist guidance</i>				<input type="checkbox"/>		Previous evidence of same antibiotic prescription	<input type="checkbox"/>	Unlikely immune mediated (non-severe, low risk)	
Appropriate for Immunology referral and assessment				<input type="checkbox"/>		Severe neurological or CNS manifestation (seizures or psychosis), Other OR anaphylactoid / infusion reactions?	<input type="checkbox"/>	Unknown or unclear mechanism – contact ID pharmacist for advice	

