CLINICAL GUIDELINE

Penicillin Allergy (Adult)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Penicillin Allergy

NHS Greater Glasgow and Clyde

Penicillin allergy is over-reported by patients. This leads to unnecessary use of broad-spectrum/less effective alternatives which increases costs, resistance and adverse outcomes. **Correctly identifying those who are not actually penicillin-allergic and utilising beta-lactam antibiotics improves patient outcomes and reduces adverse events.** See the Scottish Antimicrobial Prescribing Group (SAPG) website for more details, including guidance on when/how to consider Penicillin Allergy De-labelling: https://www.sapg.scot/guidance-qi-tools/quality-improvement-tools/penicillin-allergy-de-labelling/
At the QEUH site there is a limited penicillin allergy de-labelling service for in-patients: contact the ID registrar on-call.

In TRUE penicillin allergy avoid ALL penicillins, cephalosporins & other beta-lactam antibiotics

TRUE penicillin allergy includes Type I reactions (e.g. anaphylaxis, urticaria or rash immediately after penicillin administration) AND Type 4 reactions (e.g. Stevens-Johnson syndrome, DRESS). In cases of ***intolerance*** to penicillin (e.g. GI upset) or a minor rash/rash occurring >72 hours after administration, penicillins/related antibiotics should not be withheld unnecessarily in severe infection **BUT THE PATIENT MUST BE MONITORED CLOSELY AFTER ADMINISTRATION.**

CONTRA-INDICATED

Examples* of antibiotics to be AVOIDED in penicillin allergy

Amoxicillin (in co-amoxiclav/Augmentin®, Amoxil®)
Ampicillin (in co-fluampicil)
Benzylpenicillin/Penicillin G
Flucloxacillin (in co-fluampicil)
Phenoxymethylpenicillin/Penicillin V
Piperacillin + Tazobactam (in Tazocin®)
Pivmecillinam
Temocillin

** This is not a complete list. Consult the product literature or a pharmacist if you are unsure.*

CAUTION

AVOID if severe penicillin allergy (e.g. anaphylaxis, urticaria, rash immediately after penicillin administration or Stevens-Johnson syndrome/DRESS)

Use with CAUTION if non-severe allergy (e.g. minor rash)

Examples* of antibiotics to be AVOIDED or USED WITH CAUTION in penicillin allergy

Cephalosporins: e.g. cefaclor, cefadroxil, cefazolin, **cefalexin**, cefiderocol, cefixime, cefotaxime, cefoxitin, cefradine, ceftaroline, **ceftazidime**, ceftobiprole, ceftolozane, **ceftriaxone**, **cefuroxime**

Other beta-lactams: e.g. **aztreonam**, doripenem, ertapenem, imipenem, **meropenem**

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CONSIDERED SAFE

Examples* of antibiotics considered SAFE in penicillin allergy

Amikacin	Dalbavancin	Nitrofurantoin
Azithromycin	Daptomycin	Rifampicin
Chloramphenicol	Doxycycline	Sodium Fusidate
Ciprofloxacin	Fosfomycin	Teicoplanin
Clarithromycin	Gentamicin	Tigecycline
Clindamycin	Levofloxacin	Tobramycin
Colistin	Linezolid	Trimethoprim
Co-trimoxazole	Metronidazole	Vancomycin

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