

Los Angeles County Department of Public Health Antibiotic Stewardship Program

Penicillin Allergy Delabeling: Implementation Guidance and Resources



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Introduction

The importance of implementing strategies to address penicillin allergies cannot be understated. Removing unnecessary penicillin allergy labels will free up antibiotic options for patients, improve outcomes and reduce costs over the lifetime of patients. Every antibiotic stewardship program can contribute in some way to solving this important public health issue. Below are steps and resources useful for building a penicillin allergy delabeling program in hospitals. Starting small and slowly building toward a proactive program is key especially for less resourced facilities.

Steps to Implementing a Penicillin Allergy Delabeling Program

STEP 1: Education

Healthcare providers and patients are frequently unaware of the facts and disadvantages of having a penicillin allergy label. Simply providing education about the facts is an important first step.

RESOURCES

- 1) Educational slides (nurses, physicians/pharmacists)
 - a. [Penicillin Allergy Delabeling: an antibiotic stewardship initiative](#)
 - b. [Penicillin Allergy Delabeling for Nurses](#)
 - c. [Penicillin Allergy Delabeling for Nurses script](#)
- 2) Continuing medical education (CME)
 - a. [Penicillin Allergy Delabeling: an antibiotic stewardship initiative \(On Demand free CME\)](#)
 - b. [Society for Healthcare Epidemiology of America \(SHEA\) Penicillin Allergy Management - Removing Barriers to Optimal Antibiotic Prescribing](#) (Register for free CME course)
- 3) Brief informational videos from the American Academy of Allergy Asthma & Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI) for providers and stakeholders
 - a. [Taking a penicillin allergy history](#)
 - b. [Why is it important to be tested for penicillin allergy](#)
 - c. [How to identify patients at low risk of penicillin allergy](#)
 - d. [Amoxicillin Challenge: why is it important and how is it done](#)
 - e. [Implementing an amoxicillin challenge in the inpatient setting](#)
- 4) Websites with educational resources:
 - a. [Washington State DPH](#)
 - b. [University of NC](#)
- 5) Handouts and information sheets:



- a. [LACDPH patient education about penicillin allergy delabeling](#)
- b. [AHRQ Penicillin Allergy](#)
- c. [AHRQ approach to patients in long term care](#)
- d. [Johns Hopkins educational handout for nurses](#)
- e. [Johns Hopkins Allergy Assessment Algorithm](#)

STEP 2: Identify patients with a penicillin allergy history

Identify patients admitted to the facility with a penicillin allergy. This will help to determine the scope and resources needed for a potential antibiotic stewardship intervention. This can serve as a baseline for future interventions as well. Assistance may be needed from Information Technology to create a report if not readily available in the electronic health record (EHR).

STEP 3: Obtain a complete penicillin allergy history

Few facilities have processes requiring a complete penicillin allergy history. More detailed history inquiry can be incorporated into existing nursing admission processes. Some facilities use a soft entry by nurses that is verified by a physician (or pharmacist).

RESOURCES

- a. [STORY: Penicillin Allergy Assessment by Nurse](#)
- b. [LACDPH Penicillin Allergy Delabeling Toolkit \(see page 5\)](#)

STEP 4: Delabeling without an amoxicillin challenge

Through patient history there are two scenarios for delabeling patients without an amoxicillin challenge,

- 1) Patients who have already taken a penicillin without experiencing a reaction after the allergy was documented can be considered to have been tested and should have their allergy label removed if no reaction occurred.
- 2) Patients who have a history consistent with a side effect only and not an allergy can have their allergy label removed.

There are automated EHR functions that can streamline the process of taking a complete history.

RESOURCES

- a. [Addressing penicillin allergy delabeling through the EHR \(Review\)](#)
- b. [Patient education after delabeling through review of history](#)



STEP 5: Delabeling with an amoxicillin challenge

Assigning risk is necessary to determine which patients would benefit from an oral amoxicillin challenge or will need skin testing in addition to an oral amoxicillin challenge.

- 1) Determine if the patient is at LOW RISK for a penicillin allergy

RESOURCES

- a) [PEN FAST validated risk assessment tool](#)
 - b) [LACDPH Penicillin Allergy Delabeling Toolkit \(see page 5-6\)](#)
 - c) [Vanderbilt Risk Assessment for Penicillin Allergy](#)
- 2) Offer patients who are determined to be at LOW RISK for a penicillin allergy an “amoxicillin challenge.”

RESOURCES

- a) [Vanderbilt Pharmacist Driven Protocol](#)
- b) [LACDPH Penicillin Allergy Delabeling Toolkit \(see page 6\)](#)
- c) [EHR order set example](#)
- d) [Patient consent for amoxicillin challenge](#)
- e) Patient education after delabeling:
 - i. [Amoxicillin challenge patient counseling](#)
- f) [UNC Wallet card](#)

STEP 7: Referral to an Allergist for skin testing in patients with medium or high-risk penicillin allergy.

RESOURCE

- 1) [Allergist Finder Tool](#)

