

Is it **REALLY** a penicillin allergy?

antibiotic
wise.ca

BC Centre for Disease Control
Provincial Health Services Authority

Labels aren't always accurate.
Assess penicillin allergies before
ruling out treatment.



PENICILLIN FACTS

Only 5 in
10,000 people in BC
have a *true* allergy

80% of adverse
effects related to
penicillins disappear
over time

Penicillins have
a **lower risk** of
causing a *C. difficile*
infection



When a beta-lactam could be used



Common side effects

- Diarrhea
- Nausea/vomiting
- Abdominal pain/bloating
- Headache
- Dizziness

Side effects are not always recurrent and are not a contraindication to using penicillin or other beta-lactams. These are NOT allergic reactions and penicillin antibiotics are safe to prescribe.



Mild allergic reactions

- Dermatitis/rash
- Delayed hives/urticaria

Mild allergic reactions to penicillin are not a contraindication to using penicillin or other beta-lactams. Assessing your patient's penicillin allergy history is important and may lead to the opportunity to use penicillin antibiotics in the future.

For guidance on assessment of whether your patient is low-risk for a penicillin allergy or for de-labelling, visit www.dropthelabel.ca.

Note: Refer to the beta-lactam antibiotic cross-allergy chart for alternative antibiotic options.



Scan for chart



When NOT to prescribe beta-lactams

DO NOT give beta-lactam antibiotics in severe cases requiring hospitalization, such as:



Severe organ dysfunction

- ICU admission due to allergic reaction
- Hepatitis
- Hemolytic anemia
- Interstitial nephritis



Severe skin reaction

- Stevens-Johnsons syndrome (SJS)
- Toxic epidermal necrolysis (TEN)
- Acute generalized exanthematous pustulosis (AGEP)
- Drug reaction with eosinophilia and systemic symptoms (DRESS)
- Erythroderma



If allergic reactions are severe, only prescribe unrelated antibiotic classes:

- Macrolides (e.g. azithromycin, clarithromycin)
- Clindamycin
- Quinolones (e.g. ciprofloxacin)*
- Tetracyclines (e.g. doxycycline)

**Avoid using fluoroquinolones as first-line therapy*

For more information, visit antibioticwise.ca and dobugsneeddrugs.org.