

## Penicillin Allergy Questionnaire

### Background Information

1. How old was the patient when the reaction occurred?
2. Which penicillin antibiotic caused the reaction?

### Allergy Description

3. How long after beginning penicillin did the reaction occur? (\*if answer is < 1 hour, it is a sign of an immediate reaction)
4. What was the reaction?
5. Was there any wheezing, flushing, itching, hypotension, urticaria, or lips, throat or mouth swelling? (\*if answer is yes to any of the above, it is a sign of an immediate reaction)
6. If a rash occurred, what was the nature of the rash? Where was it and what did it look like? Did the rash include any blistering or exfoliating features?

### Previous Tolerance

7. Was the patient on other medications at the time of the reaction?
8. Since then, has the patient ever received another penicillin or cephalosporin? (for example, Augmentin, Keflex, Omnicef, or Rocephin)
9. If the patient received a beta-lactams subsequent to the initial reaction, what happened?

	Safe to give Penicillins	Safe to give Cephalosporins	Action
Immediate reaction	No	No	Skin testing should be performed prior to administration of penicillins or cephalosporins
Non-immediate reaction and tolerated other penicillins	Yes	Yes	Not a true allergy. Allergy should be removed from chart and patient counseled.
Non-immediate reaction and tolerated other cephalosporins	No	Yes	Note placed in chart stating patient can tolerate cephalosporins. Provider to be contacted prior to penicillin use.
Rash that is non-urticarial and not consistent with Stevens-Johnson syndrome	Yes	Yes	Observe for development of rash
Reaction documented is GI related (diarrhea, nausea) without other symptoms present	Yes	Yes	Not a true allergy. Allergy should be removed from chart and patient counseled.