

# Penicillin Allergy

Penicillin allergy is often over-reported – firstly define the nature of the reaction.

Document drug allergies on the admission booklet, HEPMA and any other prescribing documents or systems. Include the name of the drug and the nature of the adverse reaction.

Ensure all new allergies are documented and are clearly communicated within patient records.

**In True/ Severe penicillin allergy, avoid all penicillins, cephalosporins and other beta-lactam antibiotics.**  
 For non-severe penicillin allergy, and in certain indications, cephalosporins and other beta-lactam antibiotics may be used with caution in severe infection as the risk of cross-sensitivity is low. These patients must be closely monitored.

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/>

**Take care when prescribing and recording allergy status on HEPMA**  
*Penicillamine should not be confused with penicillin antibiotics*

## Contra-indicated

**AVOID in True/ Severe Penicillin Allergy**

e.g. A history of immediate hypersensitivity including anaphylaxis, or urticarial/ pruritic rash immediately after administration (within 1 hour), Stevens-Johnson syndrome (SJS)/ Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), or diffuse erythema, laryngeal oedema, bronchospasm, hypotension, or local swelling within 72 hours after penicillin or cephalosporin administration.

Examples of antibiotics to be **avoided**:

Penicillins			
Amoxicillin	Phenoxyethylpenicillin ( <i>Penicillin V</i> )		
Pivmecillinam	Temocillin	Benzylpenicillin	
Amoxicillin/Clavulanic acid – Co-amoxiclav ( <i>Augmentin</i> )		Piperacillin/Tazobactam ( <i>Tazocin</i> )	
Cephalosporins			
Ceftriaxone	Cefalexin	Cefotaxime	Cefuroxime

*This list is not exhaustive*

## Caution

Examples of antibiotics to be **USED WITH CAUTION** in severe infections in patients with a penicillin allergy

**Use with CAUTION in Non-Severe Allergy/ Intolerance**

e.g. Minor rash (non-confluent or non-pruritic rash restricted to a small area), or rash occurring after 72 hours

In patients with non-severe allergy/ intolerance – penicillins and related antibiotics should not be withheld unnecessarily in **severe infection** but the patient must be closely monitored after administration.

Cephalosporins (cross-sensitivity between 0.5-6.5%)

**May be used with CAUTION in Severe Penicillin Allergy for certain indications where benefit > risk**

e.g. Neutropenic sepsis. Careful monitoring required.

**Other beta-lactam antibiotics (cross-sensitivity ~ 1%):** e.g.

Carbapenems: Meropenem, ertapenem, imipenem

Monobactam: Aztreonam

## Considered Safe

**Antibiotics safe in any Penicillin Allergy**

Amikacin	Doxycycline	Rifampicin
Azithromycin	Erythromycin	Sodium fusidate
Clarithromycin	Gentamicin	Teicoplanin
Ciprofloxacin	Levofloxacin	Tetracycline
Clindamycin	Linezolid	Tigecycline
Colistin	Metronidazole	Tobramycin
Co-trimoxazole	Nitrofurantoin	Trimethoprim
Daptomycin	Ofloxacin	Vancomycin

*This list is not exhaustive*