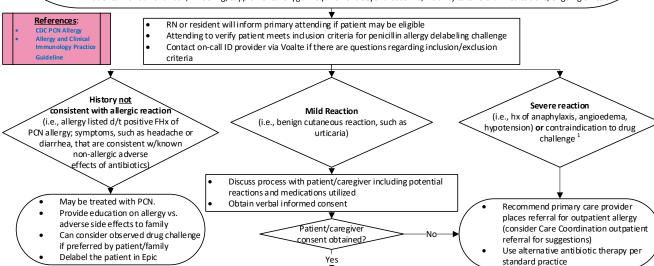
Penicillin (Amoxicillin) Allergy Delabeling Inpatient Clinical Pathway - Pilot

ATTENTIO

This pathway is a currently a pilot for Pediatric Hospital Medicine patients only. Please continue to check CT Children's Internet site for the most up-to-date version. [Last update: 2/2025]

Inclusion Criteria (must have all of the following):

- Patients with history of benign cutaneous reaction without systemic symptoms that started >1 hour after penicillin-based medication or history not consistent with penicillin (PCN) allergy (i.e., family history of penicillin allergy or symptoms such as headache or diarrhea) and
- Stable on the med/surg floor and able to follow up with medical provider or Infectious Diseases (ID) if any reactions occur
- Note: patients on room air or with consistently improving low flow oxygen requirement may proceed with pathway if no other exclusion criteria exist
 Exclusion Criteria (any one of the following):
- · Patient in critical or unstable condition
- Patient not located on med/surg (e.g., PICU, ED)
- Patient received the following medications:
 - diphenhydramine within past 48 hours; 2nd generation antihistamine (e.g., loratidine, desloratadine, cetirizine, levocetirizine, fexofenadine) within past 5 days; H2 receptor blocks (e.g., famotidine) within past 24 hours; systemic steroids in past 2 weeks.
 - Note: montelukast + inhaled corticosteroids are not contraindications and may proceed with pathway
- Patients with current: rash, whe ezing, supplemental oxygen requirement beyond baseline, inability to take oral medications, ongoing emesis



²1-step drug challenge timing:

- Does not have to be timed in relation to current antibiotic regimen patient is receiving.
- Does not have to wait until discharge and can be done sooner if patient meets criteria (e.g., taking enteral meds, not on supplemental oxygen)
- Utilize "Penicillin Allergy Delabeling" order set
- 1-step drug challenge
 - Give amoxicillin enterally 45 mg/kg x1 (max 500 mg/dose) regardless of timing of last IV antibiotic dose
 - If clinically warranted: can use amoxicillin-clavulanate ES 45 mg/kg x1 (max 500 mg amoxicillin/dose) instead
 - Monitor for 1 hour post-administration
- Nursing:
 - At 15 minutes and 1-hour post-administration: assess for symptoms such as rash, angioedema, wheezing, and any patient/caregiver concerns. If any reaction, contact provider to evaluate patient and obtain complete set of vitals.
 - Notify provider immediately if any reaction occurs

Reaction to drug challenge?

Immediate (IgE-mediated) reaction

- Occurs within 1 hour and can present as urticaria, angioedema, exanthem, wheezing, hypoxia, hypotension, anaphylaxis
- If anaphylaxis, utilize Anaphylaxis Clinical Pathway
- If not anaphylaxis, manage symptomatically per provider discretion
- Monitor for at least 6 hours to ensure resolution of reaction
- Treat with alternative antibiotic therapy per standard care
- Update allergy section with specific reaction + date

No Reaction within 1 hour post-drug challenge

- If clinical condition requires higher antibiotic dosing than the drug challenge, may complete the remainder of the dose after patient passes the initial challenge above.
- Delabel allergy in Epic by deleting allergy and selecting the reason as "no longer clinically significant". Include in the free text "direct oral challenge tolerated" with the date.
- Document in progress and discharge note that patient was successfully delabeled utilizing ".PenicillinChallenge"
 SmartPhrase
- Provide a ppropriate penicillin-based Rx with note to pharmacy that patient tolerated amoxicillin drug challenge

Discharge Instructions

- Provide education on when to suspect a delayed allergic reaction and to call ID at 860-545-9490 or seek medical attention
- Utilize SmartPhrase
 ".pencillinchallengedc"

Contraindication to drug challenge

- Severe cutaneous adverse drug reaction (e.g., SJS/TEN, DRESS, AGEP)
- Febrile neutrophilic dermatosis (Sweet Syndrome)
- Erythema multiforme
- Serum Sickness-like Reaction (SSLR)
- Drug induced autoimmune diseases (e.g., bullous pemphigoid, Pemphigus vulgaris, Linear igA bullous disease, drug induced lupus)
- Other cutaneous drug reactions (e.g., generalized bullous FDE, exfoliative dermatitis)
- Organ specific drug reactions (e.g., cytopenias anemia, neutropenia, leukopenia, thrombocytopenia; drug induced liver injury, nephritis, pneumonitis, meningitis, pancreatitis; drug induced vasculitis)
- Leukocytoclastic vasculitis
- Eosinophilic granulomatosis with polyangiitis

