

Penicillin (Amoxicillin) Allergy Delabeling Inpatient Clinical Pathway - Pilot

ATTENTION:
This pathway is 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

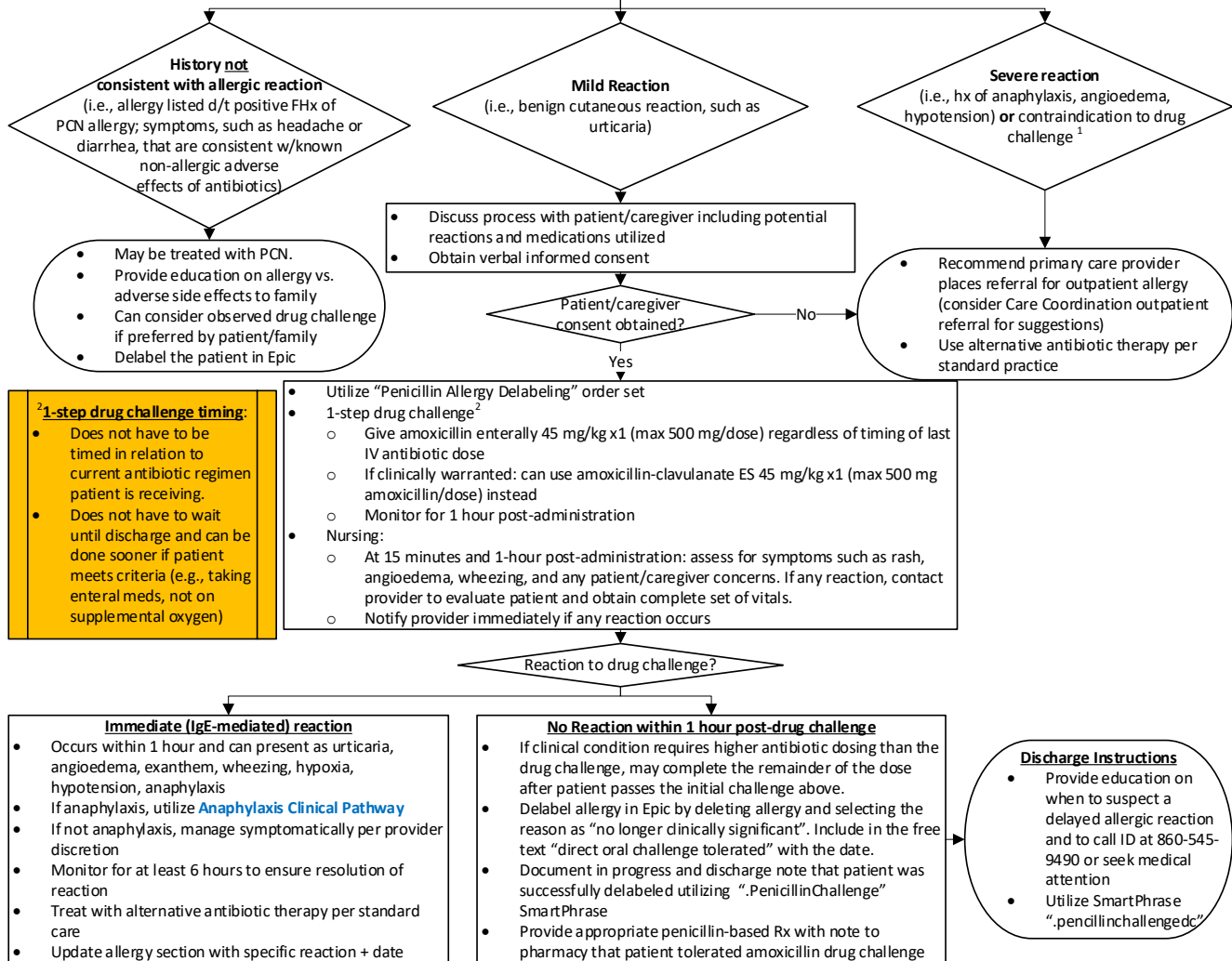
Exclusion Criteria (any one of the following):

- 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, desloratidine, 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, wheezing, supplemental oxygen requirement beyond baseline, inability to take oral medications, ongoing emesis

References:

- CDC PCN Allergy
- Allergy and Clinical Immunology Practice Guideline

- RN or resident will inform primary attending if patient may be eligible
- Attending to verify patient meets inclusion criteria for penicillin allergy delabeling challenge
- Contact on-call ID provider via Voalte if there are questions regarding inclusion/exclusion criteria



Contraindication to drug challenge¹

- 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