



## QUESTIONS to EVALUATE YOUR PENICILLIN or PENICILLIN-LIKE ALLERGY

1. There are 4 sections to determine your penicillin allergy type.
2. Please answer each question by choosing YES or NO
3. Name of allergic antibiotic \_\_\_\_\_ or fill in “Unknown”

### Section 1

THIS WILL DETERMINE IF YOU HAVE A RARE SEVERE ALLERGY.

#### Step 1

Do you have a history of ANY of the following reactions after taking an antibiotic? **THE REACTION MAY HAVE OCCURRED ALMOST IMMEDIATELY OR UP TO SEVERAL WEEKS** after taking the antibiotic. Please check “Yes” or “No” (or circle Yes or No if printed out). (Titles below are for health care provider use)

1. SJS/TEN
  - Rash devoping into blisters all over your body YES NO
  - Mouth sores YES NO
  - Redness of the eyes YES NO
2. DRESS
  - Rash all over your body followed by peeling of the skin YES NO
  - Rash with mouth sores, swollen glands, liver or kidney problems YES NO
3. AGEP
  - Rapidly spreading, pin-sized pus-filled, blister-like sores all over your body YES NO
4. SSLR
  - Rash and joint pains YES NO

5. VASCULITIS

- |  |     |    |
|--|-----|----|
| • Purple rash with kidney or lung damage | YES | NO |
|--|-----|----|

6. ORGAN SPECIFIC

- |   |     |    |
|---|-----|----|
| • Damage to liver, kidneys or blood count | YES | NO |
|---|-----|----|

If “YES” to any question(s), you are **SEVERELY ALLERGIC** to penicillin and any of the penicillin-like antibiotics.

**You should not take any penicillin or penicillin-like antibiotics until you are evaluated by your healthcare provider.**

**\*\*YOU DO NOT HAVE TO ANSWER ANY OTHER QUESTIONS.\*\***

If “NO” go to **Step 2**.

## Section 2

**THIS WILL DETERMINE IF YOU HAVE A SEVERE IMMEDIATE ALLERGY.**

### Step 2

Do you have a history of any of the following reactions after taking an antibiotic?

- |   |     |    |
|---|-----|----|
| • Sudden onset of shortness of breath, wheezing, cough or high-pitched whistling sound while taking a deep breath | YES | NO |
| • Passed out  | YES | NO |
| • Total body rash with welts that itch  | YES | NO |
| • Swollen lips, tongue or throat tightness  | YES | NO |
| • Abdominal pain or vomiting  | YES | NO |

If “YES” to any question(s), you are **SEVERELY ALLERGIC** to penicillin and any of the penicillin-like antibiotics.

**You should not take any penicillin or penicillin-like antibiotics until you are evaluated by your healthcare provider.**

**\*\*YOU DO NOT HAVE TO ANSWER ANY OTHER QUESTIONS.\*\***

If “NO” go to **Step 3**.

## Section 3

### THIS WILL DETERMINE IF YOU ARE NOT ALLERGIC.

#### Step 3

Have you had any of the following **NON ALLERGIC** reactions to an antibiotic?

- |  |     |    |
|--|-----|----|
| • Headache   | YES | NO |
| • Diarrhea, nausea, vomiting or abdominal pain       | YES | NO |
| • Flat rash without welts                            | YES | NO |
| • Itching without a rash                             | YES | NO |
| • Do you have a family history of penicillin allergy | YES | NO |

If “YES”, you are **NOT ALLERGIC** to penicillin and any of the penicillin-like antibiotics.

**\*\*YOU DO NOT HAVE TO ANSWER ANY OTHER QUESTIONS.\*\***

If “NO” go to **Step 4**.

## Section 4

### THIS WILL DETERMINE IF YOU HAVE A **DELAYED (NON-SEVERE) ALLERGY** AND ARE AT A **LOW RISK** FOR TAKING THE ANTIBIOTIC.

#### Step 4

Since your antibiotic reaction, have you taken any of the following antibiotics without any reaction?

- |                                     |     |    |
|-------------------------------------|-----|----|
| Ampicillin                          | YES | NO |
| Amoxicillin                         | YES | NO |
| Amoxicillin/Clavulanate (Augmentin) | YES | NO |
| Cephalexin (Keflex)                 | YES | NO |
| Cefadroxil (Duricef)                | YES | NO |

Cefuroxime (Ceftin)	YES	NO
Cefaclor (Ceclor)	YES	NO
Cefixime (Suprax)	YES	NO
Ceftriaxone (Rocephin)	YES	NO
Penicillin - oral, injection	YES	NO
Cefdinir (Omnicef)	YES	NO

If “YES”, you are **NOT ALLERGIC** to penicillin and any of the penicillin-like antibiotics.

**\*\*YOU DO NOT HAVE TO ANSWER ANY OTHER QUESTIONS.\*\***

If “NO” or “UNKNOWN” go to **Step 5**.

## Step 5

Has the time since the reaction been **greater than 5 years or unknown?** YES NO

If “YES”, you **most likely do not have** a penicillin or penicillin-like allergy or have outgrown it. You need to check with your healthcare provider and should not take this type of antibiotic until you are evaluated.

**\*\*YOU DO NOT HAVE TO ANSWER ANY OTHER QUESTIONS.\*\***

If “NO” or “UNKNOWN” go to **Step 6**.

## Step 6

Did the reaction occur **greater than 6 hours** after your child received the antibiotic? YES NO

If “YES”, you **most likely do not have** a penicillin or penicillin-like allergy or have outgrown it. You need to check with your healthcare provider and should not take this type of antibiotic until you are evaluated.

If “NO” to any question(s), you are **SEVERELY ALLERGIC** to penicillin and any of the penicillin-like antibiotics

**You should not take any penicillin or penicillin-like antibiotics until you are evaluated by your healthcare provider.**