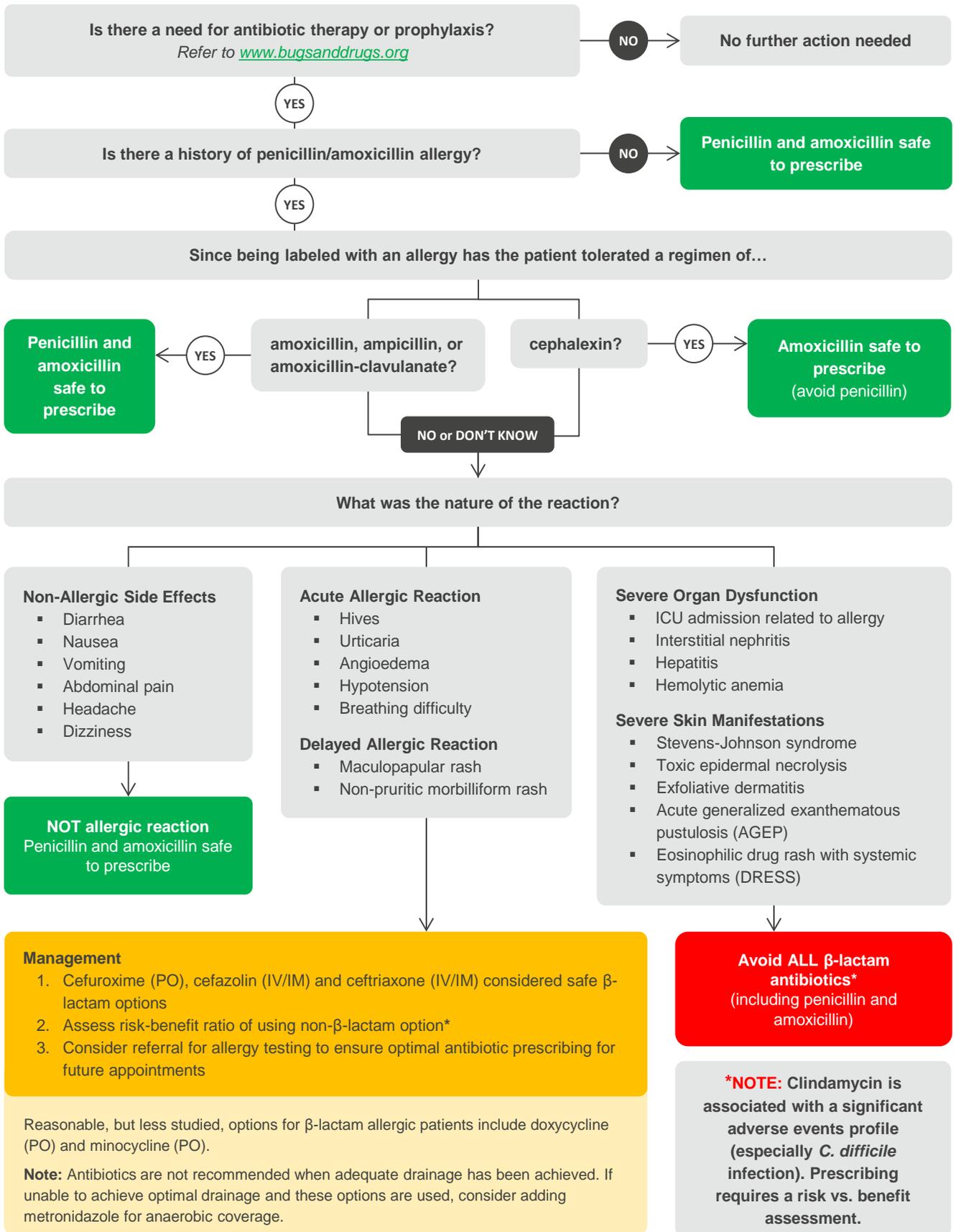


Management of Penicillin/Amoxicillin Allergic Patients in Dental Practice



Is there a need for antibiotic therapy or prophylaxis?
Refer to www.bugsanddrugs.org

NO

No further action needed

YES

Is there a history of penicillin/amoxicillin allergy?

NO

Penicillin and amoxicillin safe to prescribe

YES

Since being labeled with an allergy has the patient tolerated a regimen of...

Penicillin and amoxicillin safe to prescribe

amoxicillin, ampicillin, or amoxicillin-clavulanate?

YES

cephalexin?

YES

Amoxicillin safe to prescribe
(avoid penicillin)

NO or DON'T KNOW

What was the nature of the reaction?

Non-Allergic Side Effects

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain
- Headache
- Dizziness

NOT allergic reaction
Penicillin and amoxicillin safe to prescribe

Acute Allergic Reaction

- Hives
- Urticaria
- Angioedema
- Hypotension
- Breathing difficulty

Delayed Allergic Reaction

- Maculopapular rash
- Non-pruritic morbilliform rash

Severe Organ Dysfunction

- ICU admission related to allergy
- Interstitial nephritis
- Hepatitis
- Hemolytic anemia

Severe Skin Manifestations

- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Exfoliative dermatitis
- Acute generalized exanthematous pustulosis (AGEP)
- Eosinophilic drug rash with systemic symptoms (DRESS)

Management

1. Cefuroxime (PO), cefazolin (IV/IM) and ceftriaxone (IV/IM) considered safe beta-lactam options
2. Assess risk-benefit ratio of using non-beta-lactam option*
3. Consider referral for allergy testing to ensure optimal antibiotic prescribing for future appointments

Reasonable, but less studied, options for beta-lactam allergic patients include doxycycline (PO) and minocycline (PO).

Note: Antibiotics are not recommended when adequate drainage has been achieved. If unable to achieve optimal drainage and these options are used, consider adding metronidazole for anaerobic coverage.

Avoid ALL beta-lactam antibiotics*
(including penicillin and amoxicillin)

***NOTE:** Clindamycin is associated with a significant adverse events profile (especially *C. difficile* infection). Prescribing requires a risk vs. benefit assessment.

Guide to Penicillin/Amoxicillin Allergy Management Tool

1 Refer to www.bugsanddrugs.org for best practice recommendations and to confirm whether your patient requires an antibiotic.

2 If your patient states they have a penicillin allergy, consider asking the following questions:

Do you have an allergy to penicillin?

- True penicillin allergy is infrequent. About 10% of people report allergy to penicillin but less than 1% of people have a true allergy.
- Penicillin allergies are not genetic; a relative with an allergy does not prohibit use.

When was the last time you had penicillin? Half of patients with IgE-mediated penicillin allergy lose their sensitivity after five years (80% after 10 years).

What was the nature of your reaction? In children, a rash occurring during a viral infection and concurrent amoxicillin therapy is not indicative of an allergy.

Have you previously tolerated amoxicillin, ampicillin, amoxicillin-clavulanate, or cephalexin? See reverse side for recommendations in prescribing based on past history of antibiotic use.

Were you ever hospitalized due to a penicillin reaction? See reverse side for contraindications for penicillin based on medical history.

3 Use the patient information to follow the allergy management tool on the reverse side.

4 Provide the patient with education materials (available at www.dobugsneeddrugs.org).

Seven actions you can take to fight antibiotic resistance

- Don't prescribe antibiotics for irreversible pulpitis.
- Don't prescribe antibiotics for acute dental abscess without signs of systemic involvement.
- Don't give prophylactic antibiotics prior to dental procedures with total joint replacement.
- Limit pre-operative antibiotics to a single dose.
- Don't give prophylactic antibiotics to patients with non-valvular cardiac or other indwelling devices.
- Use penicillin rather than amoxicillin as drug of first choice for most indications.
- Use this allergy management tool to avoid over-use of clindamycin.

For more information

- Patient information resources available to print from www.dobugsneeddrugs.org
- References available at www.dobugsneeddrugs.org
- Please direct any comments or feedback on allergy management tool to dbnd@bccdc.ca