

Supplement: Comprehensive Beta-Lactam Reaction Interview Tool

Antimicrobial Stewardship Program | Allergy and Immunology | University of Chicago Medicine

Patient Name: _____ MRN: _____ Approx time (min) to complete: _____

Historian (check all that apply):

- Patient Parent/ Guardian Spouse/ Family Pharmacy Chart review

1. What beta lactam antibiotic(s) are you allergic to?

- | | | |
|--|--|---|
| <input type="checkbox"/> Penicillin (<u>indicate if PO, IV, or IM</u>) | <input type="checkbox"/> Piperacillin/tazobactam (Zosyn) | <input type="checkbox"/> Cefdinir (Omnicef) |
| <input type="checkbox"/> Amoxicillin (Amoxil) | <input type="checkbox"/> Cefazolin (Ancef) | <input type="checkbox"/> Ceftriaxone (Rocephin) |
| <input type="checkbox"/> Amoxicillin/clavulanate (Augmentin) | <input type="checkbox"/> Cephalexin (Keflex) | <input type="checkbox"/> Cefepime (Maxipime) |
| | | <input type="checkbox"/> Other: _____ |

2. Why were you taking this antibiotic?

- | | |
|---|--|
| <input type="checkbox"/> Pneumonia (infection of the lungs) | <input type="checkbox"/> Urinary tract infection (UTI) |
| <input type="checkbox"/> Sinus or upper respiratory tract infection | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Skin and soft tissue infection (i.e. cellulitis) | <input type="checkbox"/> Other: _____ |

3. When did you last receive this antibiotic?

- Approx year: _____ < 5 years ago 5-10 years ago >10 years ago

4. How long after receiving the antibiotic did you experience this reaction?

- After one dose (minutes – hours) After 2-5 days After >5 days
 Unknown Other: _____

5. What signs or symptoms did you experience when you received the antibiotic?

- | <u>IgE Mediated</u> | <u>Non-IgE Mediated</u> | <u>Mild</u> | <u>Intolerance</u> |
|--|--|---|---|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Skin sloughing/ peeling (skin falling off) | <input type="checkbox"/> Rash (not hives, e.g. maculopapular) | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Difficulty breathing/ shortness of breath | <input type="checkbox"/> Lesions in mucosal areas (mouth, eyes, genitalia) | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Throat, tongue or lip swelling | <input type="checkbox"/> Anemia (destruction of red blood cells) | <input type="checkbox"/> Itching (no rash) | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Hives (see below) | <input type="checkbox"/> Hepatitis (liver dysfunction) | | <input type="checkbox"/> Headache |
| | <input type="checkbox"/> Nephrotoxicity (kidney injury) | | <input type="checkbox"/> Hallucinations |
| | | | <input type="checkbox"/> Sensitivity to light/sun |
| | | | <input type="checkbox"/> Muscle aches/ cramps |
| <input type="checkbox"/> <u>Unknown</u> | <input type="checkbox"/> <u>Other:</u> _____ | | |

6. How long did symptoms last? < 24 hours? 1-3 days? > 4 days?

- <24 hours 1-3 days >4 days

7. If you were outside the hospital, did you go to the hospital or emergency room for this reaction?

- Yes No Reaction occurred while in the hospital or emergency room

8. What interventions did you receive for this reaction?

- | | | | | |
|---|--|---|---|----------------------------------|
| <input type="checkbox"/> Intubation/ breathing tube | <input type="checkbox"/> EpiPen, epinephrine | <input type="checkbox"/> Diphenhydramine (Benadryl), steroids, antihistamines | <input type="checkbox"/> Self-resolved (none) | <input type="checkbox"/> Unknown |
|---|--|---|---|----------------------------------|

9. Have you ever had penicillin skin testing?

- Yes No Unknown

If yes, when did testing occur? _____

- What was the result? Positive Negative Unknown

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10. What beta-lactams have you tolerated after the allergic reaction?

- | | | |
|--|--|---|
| <input type="checkbox"/> Penicillin (<u>indicate if PO, IV, or IM</u>) | <input type="checkbox"/> Piperacillin/tazobactam (Zosyn) | <input type="checkbox"/> Cefdinir (Omnicef) |
| <input type="checkbox"/> Amoxicillin (Amoxil) | <input type="checkbox"/> Cefazolin (Ancef) | <input type="checkbox"/> Ceftriaxone (Rocephin) |
| <input type="checkbox"/> Amoxicillin/clavulanate (Augmentin) | <input type="checkbox"/> Cephalexin (Keflex) | <input type="checkbox"/> Cefepime (Maxipime) |
| | | <input type="checkbox"/> Other: _____ |

11. If the patient states a dermatologic reaction, confirm the classification using images below.

Hives (itchy, raised welts, red with pale center)

[example images of hives]

Maculopapular rash (itchy, flat or raised)

[example images of maculopapular rash]

Please update Allergies field in Epic. Use the “.PENICILLINALLERGY” dot phrase to ensure documentation of all the appropriate information.

References: Shenoy ES et al. JAMA. 2019;321(2):188-199; Blumenthal K et al. J Allergy Clin Immunol Pract. 2014 ; 2(4): 407–413; Gruchalla RS et al. New Engl J Med. 354;6:601-609; Har D et al. Immunol Allergy Clin N Am 37 (2017) 643–662; Legendre DP et al. Clin Infect Dis. 2014;58:1140-1148; Limsuwan T, Demoly P. Med Clin North Am 2010;94(4): 691–710.