**Supplemental Table 1. Standardized Penicillin Allergy Review**

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| 1. Antibiotic (penicillin, amoxicillin, amoxicillin-clavulanate, Augmentin, etc.): |
| 2. Age of child at time of reaction:  |
| 3. What was the antibiotic prescribed for? (ex, strep throat, ear infection, etc.)  |
| 4. Describe the reaction your child had:  |
| 5. Select any specific signs and symptoms (place an X in front of underscore):(X\_ example)\_ anaphylaxis\_ shortness of breath\_ hives (If so, where: \_)\_ angioedema (tongue/lip/facial swelling)\_ throat closing\_ itching (If so, where: \_)\_ rash (If so, where: \_)\_ dizziness\_ nausea\_ vomiting\_ swelling (If so, where: \_)\_ stomach upset/pain\_ diarrhea\_ dizziness\_ drowsiness\_ weakness\_ muscle pain/soreness\_other: (please list) |
| 6. How soon after starting the medication did the reaction happen? (please write number)(12\_example)\_number of doses\_hours\_days\_weeks\_other |
| 7. Did you seek medical attention for the reaction?\_Y\_N  If yes, were you seen in the:\_ Emergency Department/Urgent Care\_ Doctor’s office\_ Admitted to the Hospital\_Other\_n/a |
| 8. Was the medication stopped by a doctor?\_Y\_N |
| 9. Did your child require medical treatment for the reaction?\_Y\_NIf yes, what medications were given (ex: Benadryl, diphenhydramine, epinephrine, steroids): \_ |
| 10. What happened after the antibiotic was stopped: \_ |
| 11. Are there any antibiotics your child has taken and tolerated (ex: amoxicillin (Amoxil®), amoxicillin/clavulanate (Augmentin®), cephalexin (Keflex®), cefdinir (Omnicef®), cefixime (Suprax®)? \_ |
| 12. Has your child had drug allergy testing?\_Y\_NIf yes, what were the results |